

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30102**

BIRTH NO. 41582-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4113

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>45 min.</b>		d. STREET ADDRESS (If rural, give location) <b>1121 Harrison Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>PERRY</b>	b. (Middle)	c. (Last) <b>BLAIR, JR.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 28 1949</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEG RO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JUNE 28 1949</b>	9. AGE (In years last birthday) <b>45</b>	# UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	# UNDER 100 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>PERRY BLAIR, SR.</b>	13b. MOTHER'S MAIDEN NAME <b>AMY JOYCE GREEN</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>AMY JOYCE BLAIR</b> ADDRESS <b>1121 Harrison Street</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGENITAL ABSENCE OF RT LEAF OF DIAPHRAGM</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>COMPRESSION ATELECTASIS OF RT LUNG &amp; SHIFT OF MEDIASTINUM DUE TO LIVER</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>&amp; GUT IN RT CHEST CAVITY</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/28/, 1949, to 6/28/, 1949, that I last saw the deceased alive on 6/28/, 1949, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Ellis</b> (Degree or title)	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>7/20/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>9-28-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Deeds</b>	24d. LOCATION (City, town, or county) (State) <b>Deeds Station Jackson MO</b>
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DATE REC'D BY LOCAL REG. <b>9-26-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. A. Schmeyer</b> ADDRESS <b>K. S. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

*Anna Romney*

Licensed Embalmer No. *3089*

P. O. Address *DC MO*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**