

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26761  
State File No. 3247

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3247	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 39 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		2148	
d. FULL NAME OF HOSPITAL OR INSTITUTION 744 No Montgall				d. STREET ADDRESS (If rural, give location) 744 No Montgall			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) C		c. (Last) BLEYENBERG		4. DATE OF DEATH (Month) (Day) (Year) 7/29/50	
5. SEX Fem		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/6/1882	
9. AGE (in years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Holland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phil Smet		13b. MOTHER'S MAIDEN NAME Rosalie Pauwels		14. NAME OF HUSBAND OR WIFE August Bleyenberg			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Bleyenberg, 746 No Mongall			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis  ANTECEDENT CAUSES DUE TO (b) Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months  15 years  443h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from July 24th, 1950, to July 29, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Stan J. Sulkowski (Degree or title)				23b. ADDRESS 1601 Belmont K.C. Mo.		23c. DATE SIGNED 7/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/31/50		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 7-29-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, Kansas City, Mo.			

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John P. Shind .....

Licensed Embalmer No. 3125 .....

P. O. Address K C Md .....

**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.