

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33431

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4208</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
c. LENGTH OF STAY (In this place) <u>20 YEARS</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Washington Hotel</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>R.</u> c. (Last) <u>Blake</u>			4. DATE OF DEATH (Month) <u>10</u> (Day) <u>16</u> (Year) <u>50</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-9-1892</u>			
						9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CIVIL ENGINEER</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, KANSAS /</u>			
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES TAYLOR BLAKE</u>			13b. MOTHER'S MAIDEN NAME <u>ISABELLE KIRKPATRICK</u>			14. NAME OF HUSBAND OR WIFE <u>MARGARETTE C. BLAKE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR 2 496-03-9882</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARGARETTE BLAKE, 1201 WASH.</u>					
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) <u>(a) Pulmonary emphysema and fibrosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(b) arteriosclerosis + senility</u>  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4560</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Sept. 11, 1950</u> , to <u>Oct. 16, 1950</u> , that I last saw the deceased alive on <u>10-16-50</u> , 19 <u>50</u> and that death occurred at <u>2:17 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B. I. Burns, M.D.</u>				23b. ADDRESS <u>24th &amp; Cherry</u>		23c. DATE SIGNED <u>10-17-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. ST. MARY'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>10-18-50</u>		REGISTRAR'S SIGNATURE <u>Geralline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. F. Powell Co.</u>		ADDRESS <u>3256 BROADWAY</u>			

(Licensed Embalmer's Signature on Reverse Side)

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

*Dr. J. C. ...*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *John W. Lybourn*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1715*

P. O. Address. *K. C. 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.