

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41491  
Registrar's No. 5621

FILED JAN 12 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>42 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 815 E. 9th. St.</u>		d. STREET ADDRESS (If rural, give location) <u>815 E. 9th St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Fletcher</u>	a. (First)	b. (Middle)	c. (Last) <u>Blatt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1951</u>
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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>Apr. 28, 1909</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Shippers</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Blatt</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Blatt</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-07-0168</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Blatt, Kansas City, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbidity 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.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>	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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:25P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u>	(Degree or title)	23b. ADDRESS <u>1034 Piatt Blvd</u>	23c. DATE SIGNED <u>12-27-51</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-28-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Doc. Gerson</u>	ADDRESS <u>Independence, Mo.</u>
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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 *Harold E. Headrel*.....

Licensed Embalmer No. *4609*.....

P. O. Address *Indep. 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.