

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17905**
2192

FILED **MAY 21 1953**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 62 years		e. STREET ADDRESS (If rural, give location) 416 W. 76th	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1			

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle)	c. (Last) Blanchard	4. DATE OF DEATH (Month) (Day) (Year) Apr. 25 53
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 11-15-74	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 48 HOURS Days	IF UNDER 15 MIN. Hours	RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker	10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (City and State or Foreign Country) Sweden	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Johannes Anderson	13b. MOTHER'S MAIDEN NAME Maria Unknown	14. NAME OF HUSBAND OR WIFE Charles Blanchard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 487-01-7407	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helma Chinberg Lindberg	ADDRESS Lawrence, Kans
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus; carcinoma right breast; cervicitis and vaginitis		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. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 April 15, 1953, to April 25, 1953, that I last saw the deceased alive on April 25, 1953, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Barnes, M.D.	23b. ADDRESS 24th & Cherry Sts.	23c. DATE SIGNED 4/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 27 1953	24c. NAME OF CEMETERY OR CREMATORY Floral Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 4-27-53	REGISTRAR'S SIGNATURE Eveline Smith	25. FUNERAL DIRECTOR'S SIGNATURE Kilka Funeral Home	ADDRESS 2315 Pinewood, K.C. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rodgers

27. 1924

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.....
Signature of Student Embalmer

Signed *Chas E. Wilks*.....

Licensed Embalmer No. *2644*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.