

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38954**
Registrar's No. **5502**

FILED DEC 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5502</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. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4611 E. 16th. St.</u>				e. STREET ADDRESS (If rural, give location) <u>4611 E. 16th. St.</u> <u>3239</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Archie</u>		b. (Middle) <u>Nelson</u>		c. (Last) <u>Blatt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1953</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>Oct. 20, 1887</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 HR. Hours _____		IF UNDER 15 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Messenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Express</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Jacob Blatt</u>		13b. MOTHER'S MAIDEN NAME <u>Phoeba Jane Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie May Blatt</u>			
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>714-07-1763</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie May Blatt 4611 E. 16th. St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					<u>11 mo +</u>
		ANTECEDENT CAUSES					
		<p>Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Bronchogenic Carcinoma</u></p> <p>DUE TO (c) _____</p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input 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) _____		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>Feb.</u> , 19 <u>53</u> , to <u>Nov. 19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov. 19</u> , 19 <u>53</u> and that death occurred at <u>3 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Long</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4800 E. 24th K.C.</u>		23c. DATE SIGNED <u>11-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-21-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons 4139 Truman Rd. K.C. Mo.</u>			

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.....
Signature of Student Embalmer

Signed *James W. Tarp*.....

Licensed Embalmer No. *4622*.....

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.