

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

-60-026729

DED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3621

STATE FILE NUMBER

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|---|--|---|---|--|--|--|
| 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, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in lb 26 YEARS | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION NORA-RAE RESTORATION 309 Garfield Avenue | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3215 Campbell Street | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Jeanne Middle Bloomfield Last | | | | 4. DATE OF DEATH Month JULY Day 9 Year 1960 | | | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 12/6/1862 | | 9. AGE (last birthday) 97 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK | | | 10b. KIND OF BUSINESS OR INDUSTRY SHOES | | | 11. BIRTHPLACE (City and state or country) GLASGOW, ENGLAND | | | 12. CITIZEN OF WHAT COUNTRY U. S. A | | | | |
| 13a. FATHER'S NAME THOMAS BLOOMFIELD | | | | 13b. MOTHER'S MAIDEN NAME REBECCA STEWART | | | | 14. NAME OF HUSBAND OR WIFE -- | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <input type="checkbox"/> (If yes, give war or dates of service) NO | | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT MRS. HAROLD J. RACETTE Address 7539 LOCUST STREET KANSAS CITY, MO. | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs 10 yrs | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from 1-1-60 to 7-9-60 and last saw her alive on 7-9-60 Death occurred at 4:00 P. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE Frank Paul Lawrence (Degree or title) | | | | | | 22b. ADDRESS 428 S. White Ave | | | 22c. DATE SIGNED 7-9-60 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | | 23b. DATE JULY 12, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS | | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | | | | | |
| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Missouri ADDRESS 1331 Brush Creek Blvd. | | | | 25. DATE RECD. BY LOCAL REG. 7-12-60 | | 26. REGISTRAR'S SIGNATURE Neva Marshall | | | | | | | |

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. L. Gibson

Licensed Embalmer No. 4137

P. O. Address Excelsior, Minn.

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.