

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8266
1147
State File No.

008

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 2002 Registrar's No.

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>1333 East 17th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Bluford</u>	
c. (Last) <u>Bluford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-26-79</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13. FATHER'S NAME <u>William Bluford</u>	
14. MOTHER'S MAIDEN NAME <u>Mollie</u>		15. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>—</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Stella Lackey</u>		ADDRESS <u>1225 State (KCKN)</u>	
19. 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>ACUTE UREMIA</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC INTERSTITIAL NEPHROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. DATE OF OPERATION		23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT? SUICIDE? HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		27. HOW DID INJURY OCCUR?	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from <u>12-22-51</u> , 19__, to <u>3-10-52</u> , 19__, that I last saw the deceased alive on <u>3-10-52</u> , 19__, and that death occurred at <u>1:18 a.m.</u> , from the causes and on the date stated above.			
31. SIGNATURE OF REGISTRAR <u>Frank Ellis MD</u>		32. ADDRESS <u>600 East 22nd Street</u>	
33. DATE SIGNED <u>3-10-52</u>		34. BIRTHPLACE (State or foreign country) <u>Liberty, Mo.</u>	
35. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		36. DATE <u>Mar. 10-52</u>	
37. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		38. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
39. DATE REC'D BY LOCAL REG. <u>3-11-52</u>		40. REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
41. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Archer Co.</u>		42. ADDRESS <u>Liberty, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Lombard

Signed.....
Student Embalmer

Licensed Embalmer No. *4448*

P. O. Address *Shelby 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.