

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 16428  
2349

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 mo - 3 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3938			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.T.B. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>311 W. 81st St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Manley</u> b. (Middle) <u>Evert</u> c. (Last) <u>Blanset</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1951</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>August 18 1898</u>			
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>partender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Waldo</u>		11. BIRTHPLACE (State or foreign country) <u>Clarence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Pete Blanset</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Kay</u>		14. NAME OF HUSBAND OR WIFE <u>Devlice Blanset</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-10-9393</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kansas City Tuberculosis Hosp. Leeds, Mo.</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far advanced Pulmonary Tuberculosis</u>				ANTECEDENT CAUSES				DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				approx 1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								002h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>June 27, 1950</u> , to <u>May 30, 1951</u> , that I last saw the deceased alive on <u>May 30, 1951</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title)				23b. ADDRESS <u>K.C.T.B. Hospital</u>		23c. DATE SIGNED <u>5-30-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co MO</u>			
DATE REC'D BY LOCAL REG. <u>6-1-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Helmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Warnall Funeral Home</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*J. P. Boy Maoney*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4776

P. O. Address.....

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.