DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38604

DEC 11 1939

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4368

1. PLACE OF DEATH: 2

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 806 West 60th. Ter. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether In this community 40 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 806 W. 60th. Ter. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Lucy A. Blackmar 425

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex fe

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chas E. Blackmar

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Oct. (Month) 3rd. (Day) 1857 (Year)

8. AGE: Years 82 | Months 1 | Days 12 | If less than one day Unknown min.

9. Birthplace Woodfield (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Home

11. Industry or business None

FATHER
12. Name Simpson Hollister
13. Birthplace Woodfield (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Lynch
15. Birthplace Woodfield (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Charles W. Blackmar

(b) Address 806 West 60th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd. K. C. Mo.

19. (a) Nov 16 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1939 hour 2 minute AM M.

21. I hereby certify that I attended the deceased from May 31, 1939 to Nov 16, 1939; that I last saw her alive on Nov 15, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Arteriosclerosis	Longtime
Due to 87 B	
Due to	
Other conditions Hemiplegia - N. M. O. (Include pregnancy within 3 months of death)	2 wks

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John G Lapp (M. D. or other)

Address 1314 Professional Date signed 11/16/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas Wicks

Licensed Embalmer No. 2644

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, above space should be left blank.