

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1494**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. _____

1. PLACE OF DEATH:

(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: **Wesley Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 years**
years, months or days)

3. (a) PRINT FULL NAME **Mary Blackwell**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **W. P. Blackwell** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **Dec. 28** **1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Weston, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jacob Engel**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Ursula Lentz**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Blackwell**

(b) Address **3344 Forest**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 31** (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park, K. C. Mo.**

18. (a) Signature of funeral director **Mrs. C. L. Foster**

(b) Address **918 Brooklyn, K. C. Mo.**

19. (a) **Jan 31 1941** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")
(d) Street No. **2909 Holmes** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28** year **1941** hour **8** minute **20 P** M.

21. I hereby certify that I attended the deceased from **Jan 26** 1941, to **Jan 28** 1941, that I last saw **her** alive on **January 28** 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **1 day**

Due to **Pneumonia** **61** **3 days**

Due to _____

Other conditions **diabetes** (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **F**

23. Signature **George H. Crowland** (M. D. or other) **MD**
Address **Kansas City Mo** Date signed **1/29/41**

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.