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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20909

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2439

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: Wheatlry Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Eight Days
In this community Over Two Years (Specify whether years, months or days)

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. 2008 E.24 St Terrace
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Annetta Lou Black

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced no

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive Child years

7. Birth date of deceased June 27 1938 (Month) (Day) (Year)

8. AGE: Years 2 Months 11 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name George W.Black
13. Birthplace Coyle (City, town, or county) Okla. (State or foreign country)

MOTHER
14. Maiden name Semilen Jones
15. Birthplace Goodnight (City, town, or county) Okla. (State or foreign country)

16. (a) Informant Geo W Black
(b) Address 2008 E.24 St Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West Appleton & Jones
(b) Address 1905 Vine St

19. (a) 6/27/41 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 25 day ___ year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Crowe, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Second and third degree burns of body

Due to ___

Due to ___

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ___
Of autopsy See above

Duration

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) Accident
(b) Date of occurrence 1 Hr 6/19/41
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work ___ (e) Means of injury Fall in bath water

23. Signature [signature] (M. D. or other)
Address Kew Date signed 6/28/41

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. West

Licensed Embalmer No. 2710

P. O. Address K. C. MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.