

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30814**

FILLED OCT 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3571**

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:  
**1620 Park 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **six years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1620 Park 1**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **23** year **41** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I saw the deceased from **3:00 P.** to \_\_\_\_\_ 19\_\_\_\_  
that I saw \_\_\_\_\_ live on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

3. (a) PRINT FULL NAME **William Blackburn**

3. (b) If veteran, name war **Worlds** 3. (c) Social Security No. **100**

4. Sex **male** 5. Color or race **caucas** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **maie** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 19, 1898**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **2** Days **4** If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace **Centerville** (City, town, or county) **mo** (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Johnathan Blackburn**  
13. Birthplace **Odessa** (City, town, or county) **mo** (State or foreign country)  
14. Maiden name **maie Haney**  
15. Birthplace **Palmer** (City, town, or county) **Kans 1** (State or foreign country)

16. (a) Informant **Ruben Blackburn**  
(b) Address **Richmond, mo**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 28 1941**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Centerville, mo**

18. (a) Signature of funeral director **Amey Andrews**  
(b) Address **Centerville**  
19. (a) **9/25/41** (Date received local registrar) (b) **m. m. Crow** (Registrar's signature)

Duration \_\_\_\_\_  
Due to **acute coronary occlusion**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **94a**  
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) \_\_\_\_\_ (Specify cause of injury)  
23. Signature **Amey Andrews** (M. D. or other) **5**  
Address **1600 mo** Date signed \_\_\_\_\_

361 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1941

DEC 22 1942

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 me

H. B. Moor, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. B. Moor

Licensed Embalmer No. 3410

P. O. Address 1820 East 18th

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.