

FILED MAR 16 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 884

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2903 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hours
In this community 30 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henrietta Ann Blacketer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 2 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 50 1/2 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Jack R. Blacketer

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

14. Maiden name Leora Siard

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

16. (a) Informant Jack R. Blacketer

(b) Address 2903 Holmes

17. (a) burial (b) Date thereof 3/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3311 Broadway

19. (a) 3/4/42 (b) M. M. Crover
(Date received local registrar) (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. 2903 Holmes
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
year 1942 hour 3:30 AM _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 2
1942 to March 4, 1942
that I last saw her alive on March 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions Cerebral
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) _____

(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 _____

23. Signature [Signature] (b) Date signed March 4 - 1942

Address [Address] Date signed _____

Dr. J. W. Allbritain
West Lake Bank
16-2866

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.....

Leon H. Stewart

Licensed Embalmer No.

4179

P. O. Address.....

Kansas City, Mo.

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.