

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

13235

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1916

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Mos. & 2 days
(Specify whether)
 In this community 33 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED: Jackson
Missouri
 (a) State _____ (b) County 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 7611 Wornall Road 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME David Black
 3. (c) Social Security No. None
 (b) If veteran, name war None

4. Sex Male D 5. Color White 6. (a) Single, widowed, married, divorced Married
 race Alda 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased: March 27 1863
(Month) (Day) (Year)

8. AGE: 79 Years 1 Months 18 Days
79 49 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Coal Buisness Ret. 15 yrs

11. Industry or business _____

MOTHER FATHER { 12. Name Basil Black
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Bartzell
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Black (son)

(b) Address 700 West 76th
Cremation (b) Date thereof May 16 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Blakely R. Crowe

(b) Address 7406 Wornall Rd K.C. Mo

19. (a) 5-16-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
 year 1942 hour 4 minute 15 A.M. M.

21. I hereby certify that I attended the deceased from 1-13-42, 19____ to 5-15-42, 19____
 that I last saw him in on 5-15-42, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA
 Due to _____ 108

Due to _____

Other conditions See above
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

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)
 (c) Means of injury D
 23. Signature Blakely R. Crowe (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

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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.....
Harlyn Roy....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Harlyn Roy.....

Licensed Embalmer No.....*2870*.....

P. O. Address.....*118 ms*.....

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.