S. No. 2
M—5-42
v. 5-17-39
I X32873

36109

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4318

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley O 3 hrs.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 E. 22nd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Jennie Blackstone
3. (b) If veteran, name war —
3. (c) Social Security No. No

4. Sex Fe
5. Color or race Col. 3
6. (a) Single, widowed, married, divorced Mar. 1
6. (b) Name of husband or wife David E. Blackstone
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Mar. (Month) 27 (Day) 1880 (Year)

8. AGE: Years 62 Months 7 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jack Crowley
13. Birthplace (City, town, or county) unk. 9 (State or foreign country)
MOTHER
14. Maiden name Celia —
15. Birthplace (City, town, or county) unk. 9 (State or foreign country)
16. (a) Informant David E. Blackstone
(b) Address 1216 E. 22nd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 18 (Day) 1942 (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 11-20-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 14
year 1942 hour 3 minute 34 M.
21. I hereby certify that I attended the deceased from 11-14-42, 1942 to 11 15, 1942
that I last saw her alive on 11 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to 83d	
Due to	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature L. V. Meller (M. D. or other)
Address 1203 Paseo Date signed 11/16/42

(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 A. T. Moore

Licensed Embalmer No. 948

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.