

FILED FEB 27 1943  
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1753

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

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)  
 In this community 30 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Black  
 3. (b) If veteran, No record name war.  
 3. (c) Social Security No. 486-09-1021

4. Sex Male 5. Color or Race W.  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife --  
 6. (c) Age of husband or wife if alive 26 years  
 7. Birth date of deceased: Jan 5th 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 56  
 If less than one day hr. min.

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

10. Usual occupation none listed

11. Industry or business

MOTHER FATHER  
 12. Name William Black  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Curdy  
(City, town, or county) (State or foreign country)  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record clerk

(b) Address K.C. Gen. Hospital

17. (a) Remove (b) Date thereof 2/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director Lawson Moyer

(b) Address 2315 Louisiana

19. (a) 2-13-43 (b) M. M. Crowe  
(Date received local registration) (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. 3915 Olive  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th  
 year 1943 hour 2 minute 20 P. M.  
12-24-42

21. I hereby certify that I attended the deceased from 2-10-43 to 2-11-43  
 that I last saw him alive on 2-11-43  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to 7/26

Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations  
 Of autopsy None

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) (c) Means of injury  
 23. Signature Wm. R. Shaw M.D. or other  
Med. Dir. K.C. Gen. Hospital Date signed 2-13-43  
 Address 2315 Louisiana

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**