

FILED JUL 8 1943
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson City**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **3821 Central**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: **X** In hospital or institution (Specify whether)
 In this community **10 years** (years, months or days)

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. **3821 Central**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. MARY EVALINE BLACKBURN**
3. (b) If veteran, name war **no** **3. (c) Social Security** No. **none**

4. Sex **Female** **5. Color or** **race** **White** **6. (a) Single, widowed, married,** **2 divorced** **widowed**
6. (b) Name of husband or wife **Noel C Blackburn** **6. (c) Age of husband or wife if** **alive** **years**
7. Birth date of deceased **April 13 1856**
 (Month) (Day) (Year)

8. AGE: Years **87** Months **2** Days **13** If less than one day
 hr. _____ min. _____

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

10. Usual occupation **at home**

11. Industry or business _____

12. Name **George R. Huston**

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

14. Maiden name **Cinderella Paxson**

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

16. (a) Informant **Mrs. E. J. Murray**

(b) Address **3821 Central, K.C. Mo**

17. (a) Removal **Centerville Iowa** (b) Date thereof **6-13-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Stine McClure**
 (b) Address **3235 Delham Plaza K.C. Mo**

19. (a) 6-16-43 (b) **P. E. Brown**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26**
 year **1943** hour **1:20** minute **P** M.
21. I hereby certify that I attended the deceased from **1/7/37**, 19____ to **6/24**, 19**43**
 that I last saw her alive on **9:30**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis chronic**

Due to **asthma**
 Due to **anemia 30d**

Other conditions _____
 (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 **Car**

23. Signature **James R. [unclear]** (M.D. or other)
 Address **644 Parkway Bldg** Date signed **6/24/43**

Dr Mc Vay
Porter Bddy
in tell around 5 pm
today
406 W. 34 St
Val 5800

Dr Mc Vay

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.