No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20484

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2656

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~~: RESEARCH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 2 DAYS (Specify whether
In this community 2 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County LEAVENWORTH 999 14

(c) City or town FORT LEAVENWORTH
(If outside city or town limits, write "RURAL")

(d) Street No. #4 RIVERSIDE AVE.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME INFANT JOHN H. BLACKMAN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased JUNE (Month) 22 (Day) 44 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business INFANT

FATHER
12. Name CAPT. NATHAN BLACKMAN
13. Birthplace PROSKUROV (City, town, or county) RUSSIA 6 (State or foreign country)

MOTHER
14. Maiden name SUZANNE NEUKIRCHER
15. Birthplace STOTTUS (City, town, or county) GERMANY 4 (State or foreign country)

16. ~~(a)~~ Informant Capt. Nathan Blackman M.
~~(b)~~ Address 4 Riverside Av., Ft. Leavenworth

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JUNE 26 1944 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK

19. (a) 6-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24TH year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 22, 1944, to June 24 1944 that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death atalectasis - prematurity (7½ mo.)

Due to Maternal nephritic toxaemia

Due to Nephritic hypertension

Other conditions
(Include pregnancy within 3 months of death)

159

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Don Carlos Guppy (M. D. or other) MD
Address 717 Prof. Bldg Date signed 6/25/44

(Licensed Embalmer's Statement on Reverse Side)

Board of Health

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 E. Oscar Hoothey

Licensed Embalmer No. 1767

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.