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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5075

Registration District No. 179 Primary Registration District No. 1602 Registrar's No. 736

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: 2825 Independence Blvd., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2825 Independence Blvd., 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CHESTER HARRISON BLACKMAN

3. (b) If veteran, name war No

3. (c) Social Security No. 496-16-3705

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Widower L

6. (b) Name of husband or wife Amy L.

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

7. Birth date of deceased Feb. 6, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	0	6	hr. min.

9. Birthplace Magnolia, (City, town, or county) Iowa. 1 (State or foreign country)

10. Usual occupation Funeral Director

11. Industry or business C. H. Blackman & Son, Inc.

FATHER
12. Name George Blackman
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Harriet Staley
15. Birthplace (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant H. D. Blackman
(b) Address 4224 Sunrise Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Missouri

19. (a) 2-14-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1945 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 11, 1945, to Feb 12, 1945;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	4
Due to La Grip	14 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 33 b	
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 Dean S. Kemp (M. D. ~~or other~~)
Address 814 Professional Bldg Date signed 2/14/45

(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 M M Swisher

Licensed Embalmer No. 3505

P. O. Address Ke Kawas

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.