V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12025

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1703

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: St Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution I Day (Specify whether years, months or days)
In this community I Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Lees Summit (If outside city or town limits, write "RURAL")
(d) Street No. 5II So Douglas (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Zelma P. Blackwell
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John R. Blackwell
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept 24 1888 (Month) (Day) (Year)
8. AGE: Years 56 Months 6 Days 21 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business
MOTHER FATHER
12. Name Geo P. Winburn
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant John R. Blackwell
(b) Address Lees Summit Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo.
18. (a) Signature of funeral director N.B.Langsford
(b) Address Lees Summit Mo.
19. (a) 4-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1945 hour 8 minute 30A M.
21. I hereby certify that I attended the deceased from April 14th, 1945, to April 15, 1945 that I last saw her alive on April 15, 1945; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy as above

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 Maurice L. Jones (M. D. or other) 4-15-45
Address St. Lukes Hospital Date signed

(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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd

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.