

FILED APR 6 1946

Registration District No. 72

Primary Registration District No. 5-289

Registrar's No.

1. PLACE OF DEATH:

(a) County Rural Clay
(b) City or town Gallatin Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Town 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural - North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EVA L. BLACKMORE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color of hair white

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

6. (b) Name of husband or wife Thos O. Blackmore

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 8 (Month) (Day) (Year)

1873 (Year)

8. AGE: Years 72 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Otisville, Mich-1 (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

12. Name George Coc

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

14. Maiden name Mrs Coc

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

16. (a) Informant Thos O. Blackmore

(b) Address Rt 5 North Kansas City, Mo.

17. (a) Rural (b) Date thereof Mar 15 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Funer. 2nd St. Mo.

18. (a) Signature of funeral director Chas. W. Cook Co.

(b) Address 2nd St. Mo.

19. (a) Mar 14 1946 (Date received local registrar) Beulah Kitchens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 13, year 1946, hour 3, minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1946 to March 13 1946, that I last saw her alive on March 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 weeks

Due to Hypertension 10 yrs.

Due to Arteriosclerosis 15 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy (30) 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 _____
23. Signature H. P. Schuhmacher (M. D. or other) M.D.
Address Liberty Mo. Date signed 3-14-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-7-46

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.....

Edgar Archer

Licensed Embalmer No. 3318

P. O. Address *Liberty, Mo*

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.