

S. No. 2
M-5-43
P. 5-17-39
I X38671

FILED MAY 6 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
821 Bales Court 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) 30 yrs

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John F. Black

3. (b) If veteran, name war no

3. (c) Social Security No. 486-03-3149

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Geraldine Black

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Dec-20-1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41 4 11 hr. min.

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

10. Usual occupation Cab driver

11. Industry or business out of work

MOTHER FATHER

12. Name James Black

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Geraldine Black

(b) Address 821 Bales Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-24-46
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs C R Foster

(b) Address 918 Brooklyn

19. (a) 4-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. 821 Bales Court
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 1946
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Death due to hanging

Duration _____

Due to _____

Due to _____

Other conditions 164a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 4/21/46

(c) Where did injury occur? Kansas City No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Means of injury hanging

23. Signature A. E. Upsher (M. D. or other) M. D.

Address 2800 Main Date signed 4/21/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Ke md

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.