

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 27 1948

State File No. _____

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 2172

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether)

In this community 22 years
(years, months or days)

3. (a) PRINT FULL NAME Alice Blair

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female race negro

5. Color or

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

6. (b) Name of husband or wife Ronnie Blair

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 7 5 1904
(Month) (Day) (Year)

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

41 10 7 hr. min.

9. Birthplace Laneworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business at home

12. Name John King 9

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

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ronnie Blair

(b) Address 1936 W. 4th St.

17. (a) Burial (b) Date thereof 5-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonney Springs, Mo.

18. (a) Signature of funeral director Emb. & Undertaker J. W. Jones

(b) Address 440 State Ave. W. C. K.

19. (a) 5-15-48 (b) M. D. Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 444

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

Street No. 1936 W. 4th St. 0
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-2-48 to 5-12-48
that I last saw him alive on 5-12-48
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage

Due to _____

Due to Cerebral Hypertension

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 830

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? no

While at work (Specify type of place) _____

Means of injury Stroke

23. Signature C. W. Coleman M. D. or other _____

Address 1512 N. S. St. W. C. K. Date signed 5-13-48

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

478
3
8

Alexander

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 Eugene English
Licensed Embalmer No. 41105

P. O. Address 440 State Ave 1

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.