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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31102

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4141

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. JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~: 2 hrs. (Specify whether years, months or days)
In this community: 7 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No.: 7221 JACKSON AVENUE (If rural, give location) 8
(e) Citizen of foreign country?: No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: JAMES EDWARD BLACK
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: FEBRUARY 6 1947 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	7	23	hr. min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: INFANT
11. Industry or business:
MOTHER FATHER
12. Name: GEORGE LEROY BLACK JR.
13. Birthplace: CONWAY SPRINGS, KANSAS (City, town, or county) (State or foreign country)
14. Maiden name: ELVIRA GRACE HILL
15. Birthplace: KANSAS CITY MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. ELVIRA GRACE BLACK
(b) Address: 7221 JACKSON AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT-1-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: GREENLAWN CEMETERY
18. (a) Signature of funeral director: O.W. Newcomer Sons
(b) Address: 1401 - BRUSH CREEK BLVD
19. (a) 10-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 29TH year 1947 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from Feb 6-47, 19..., to Sept 29 1947, 19..., that I last saw him alive on Sept 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intussusception	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Terminal Pneumonia	

Major findings:
Of operations: ✓
Of autopsy: Yes 12-26

PHYSICIAN — Underline the cause of 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: M D Neel (M. D. ~~or coroner~~)
Address: 630 Argyle KC Mo Signed: Sept 30 '47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

12-6 00

MAY 12 1954

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 Bernard L. O'Toran

Licensed Embalmer No. 4250

P. O. Address K.C. 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.