No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31103
Registrar's No. 3738

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: 6217 E 14th (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)
In this community: 59 years

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.: 6217 E 14th (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: George A. Blackburn
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: mar
6. (b) Name of husband or wife: Sarah
6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: February (Month) 19 (Day) 1858 (Year)

8. AGE: Years 89 | Months 6 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: North Carolina (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Shopman
11. Industry or business: K.C. Public Service
MOTHER FATHER
12. Name: Elisha Blackburn
13. Birthplace: No Carolina (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: No Caro. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Sarah Blackburn
(b) Address: 6217 E 14th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: C.H. Blackman & Son, Inc.
(b) Address: 2825 Independence Blvd.
19. (a) 9-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 30 year 1947 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from June 15-47, 19..., to Aug. 30, 1947, that I last saw him alive on Aug. 28, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to: Hypertensive Heart	
Due to: Disease	
Other conditions: Pulmonary Emphysema (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature: Paul A. F. Johnson M.D. (M.D. or other)
Address: 3011 N. Indep. Ave. Date signed: 9/1/47

Jefferson City Printing Co.
(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 H D Blackman

Licensed Embalmer No. 3639

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.