

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 979
Registrar's No. 155

Registration District No. 199

Primary Registration District No. 1002

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 2718 E. 27th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 years
(Specify whether years, months or days)
In this community 19 years

3. (a) PRINT FULL NAME Mattie Ophelia Blackwell

(b) If veteran, name war no
(c) Social Security No. 490-16-5190

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harvey Blackwell 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March - 20 - 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 12 hr. min.

9. Birthplace Bolton Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business

12. Name Joe Anderson

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

14. Maiden name Carrie Lewis

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

16. (a) Informant Mrs. Marcelline Nicholson

(b) Address 1601 Wabash

17. (a) Burial (b) Date thereof 1/13/'48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 1-12-48 (b) Geraldine Holmes
(Date received local registrar) (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. 2718 E. 27th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

20. DATE OF DEATH: January 8 day, 1948 year, 7 hour, 24 minute.

21. I hereby certify that I attended the deceased from 11-25-47 to 12-12-47, 19____, to 12-12-47, 19____, that I last saw him alive on 12-12-47, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Chronic Nephritis
Glomerular with hyper-
tension

Other conditions (Include pregnant within 3 months of death)

Major findings: Of operations 1318

Of autopsy None

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? (Means of injury)

23. Signature Henry S. Baker (M. D. or other)
Address Univ. Kans. Med. Center Date signed 1/10/48

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

E. Sterling Bills
Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Cit

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.