S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4726
Registrar's No. 640

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2014 Erie Street 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country X

3. (a) PRINT FULL NAME ROBERT C. BLACK
3. (b) If veteran, name war X no
3. (c) Social Security No. X none
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Lulu Black
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased December (Month) 13 (Day) 1859 (Year)

8. AGE: Years 88 Months 1 Days 28 If less than one day X hr. X min.
9. Birthplace Rushville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired Farmer
FATHER
12. Name William Black
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary Russell
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Ernest Black
(b) Address 2014 Erie, North K.C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/13/'48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview, Liberty Mo.
18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 832 Armour Rd., N.K.C., Mo.
19. (a) 2-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th year 1948 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from Jan 2, 1948, to Feb 11, 1948; that I last saw him alive on Feb 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchi-pneumonia bacterial uremia
Due to: Post op. cardiac following
Due to: Trans. method [illegible]
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1.37 B
Of autopsy

Duration

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 Helm Long Hus (M. D. or other)
Address 2025 Swift Date signed

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 Lester L. Fleming, Registered Apprentice No. #447 working under my personal supervision.

Signed: Theron Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City 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.