No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16394
Registrar's No. 2238

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: 419 N Elmwood / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 419 N Elmwood (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALVIN JERNIGAN
3. (b) If veteran, name war - no
3. (c) Social Security No. 702-16-4207
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced mar. /
6. (b) Name of husband or wife Eppine
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased June 25 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	11	2	hr. min.

9. Birthplace Paragould (City, town, or county) Ark. / (State or foreign country)
10. Usual occupation Car man
11. Industry or business Mo Pac Ry
FATHER
12. Name Joseph C Jernigan 9
13. Birthplace Unknown (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Mary Greenway
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Eppine Jernigan
(b) Address 419 N Elmwood
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould Ark.
18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 5-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1948 hour 6 minute 45 M.
21. I hereby certify that I attended the deceased from May 27, 1948, to , 19 ; that I last saw him alive on May 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 hour
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
Of autopsy

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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature R. H. Williams MD (M. D. or other)
Address 5400 St John Av Date signed 5/27/48
KC, MO

(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 F. D. Blackman

Licensed Embalmer No. 3639

P. O. Address 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.