

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCIES

National Office of Vital Statistics

FILED SEP 18 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

29666

Registrar's No.

3532

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS
(Specify whether
In this community 1 YR.
years, months or days)

3: (a) PRINT FULL NAME MATTIE BLACKWELL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ISAAC BLACKWELL 6. (c) Age of husband or wife if alive unt years
7. Birth date of deceased APRIL 2, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 25 hr. min.

9. Birthplace EUFAULA OKLAHOMA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name SAM TAMPIN
13. Birthplace SHREVEPORT LOUISIANA
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant ISAAC BLACKWELL (HUSBAND)

(b) Address 1409 E. 12TH STREET

17. (a) Burial (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation hypocrite cemetery

18. (a) Signature of funeral director Adams Bros.

(b) Address 2000 E. 12th St. N.C. Mo

19. (a) 8-30-48 (b) Thelma 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. 1409 E. 12TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 27,
year 1948 hour 9: minute 15 A. M.

21. I hereby certify that I attended the deceased from AUGUST
17, 1948, to AUGUST 27, 1948;
that I last saw h. ER alive on AUGUST 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death GENERALIZED ARTERIOSCLEROSIS
WITH HYPERTENSIVE HEART DISEASE
AND RIGHT AND LEFT VENTRICULAR
FAILURE

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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)
While at work (c) Site of injury
Signature Frank (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 8/27/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

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 C. Kenneth Kerford

Licensed Embalmer No. 4437

P. O. Address.....

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.