

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5294

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5294	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 1033 Independence Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle)		c. (Last) BLACK		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 9 1949	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 6 1878	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? --	
13a. FATHER'S NAME SAMUEL BLACK		13b. MOTHER'S MAIDEN NAME MARY ANN		14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGE BLACK 1033 Independence Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE HEART DISEASE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OLD CEREBRAL VASCULAR ACCIDENT				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4437				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-6-1949 to 12-9-1949, that I last saw the deceased alive on 12-9-1949, and that death occurred at 1:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE E. Frank Ellis (Degree or title)				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 12-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-15-49		24c. NAME OF CEMETERY OR CREMATORY Lawrence B's		24d. LOCATION (City, town, or county) (State) Lawrence Kansas	
DATE REC'D BY LOCAL REG 12-14-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Bron 2304 Vine St			

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

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 _____

..... Student Embalmer No.
working under my personal supervision.

Signed B L Lusham

Signed.....
Student Embalmer

Licensed Embalmer No. 2540

P. O. Address 2304 Thiel

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.