

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19654

State File No.

019
350

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

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5228** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY OR TOWN one mile south of Pleasant Hill		c. CITY OR TOWN Kansas City, Kansas 815P	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 340 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 7 Highway Mo.			
3. NAME OF DECEASED a. (First) Horace Maynard b. (Middle) _____ c. (Last) Black			4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 50
5. SEX Male ✓	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH 2-26-1885
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	
11. BIRTHPLACE (State or foreign country) Fort Scott, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jessie Black		13b. MOTHER'S MAIDEN NAME Julia R. Johnson	
14. NAME OF HUSBAND OR WIFE _____ ✓			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Cora Black		ADDRESS 2116 N. Tremont K.C.K.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fall from bridge		INTERVAL BETWEEN ONSET AND DEATH 5 min	
ANTECEDENT CAUSES Injuries from fall		DUE TO (b) probable fracture of spine and	
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (c) internal injuries	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		69023	
19a. DATE OF OPERATION L		19b. MAJOR FINDINGS OF OPERATION 019	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident at work on bridge Pleasant Hill, Cass Mo.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. DATE OF INJURY (Month) (Day) (Year) June 14 1950		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell from bridge while at work			
22. I hereby certify that I attended the deceased from June 14, 1950 to June 15, 1950 , that I last saw the deceased alive on June 14, 1950 , and that death occurred at 3:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul A. Wood (Degree or title) 2		23b. ADDRESS 117 First St. Pleasant Hill, Mo.	
23c. DATE SIGNED 6-15-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-15-50	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. June 17, 1950		REGISTRAR'S SIGNATURE Laura J. Jones	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones		ADDRESS Kansas City, Kansas	

RECEIVED
JUN 24 1950
CASS COUNTY
HEALTH DEPARTMENT

09810c NHT

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.

Student
Student Embalmer

Signed *Eugene English*

Licensed Embalmer No. *4105*

P. O. Address *410 State Ave*

Kansas City Kansas

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.