

REC'D APR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9667

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township New Primary Registration District No. 1007
(c) City Kansas City (d) Street No. St Joseph Hospital Registered No. 12773
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary Ann Fann Black
(a) Residence, No. 1783 Clearmont St. Independence, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city and town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed unk.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1862
7. AGE YEARS 76 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool, England

FATHER 13. NAME Dennis O'Rourke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Margaret Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Jesse Van Black

(ADDRESS) 1703 Clearmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Washington, Mar 24, 1939

19. FUNERAL DIRECTOR Frank G. Casson

(ADDRESS) 2nd and 10th, Independence, Mo.

20. FILED Mar 23, 1939 M. M. Brown

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1939, to Mar 22, 1939
I last saw her alive on Mar 22, 1939. Death is said to have occurred on the date stated above, at 7:50 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
IIA

Date of onset

Mar 17, 1939

Other contributory causes of importance:

Influenza

Mar 1, 1939

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John F. Caldwell, M. D.

(Address) 636 Argyle Bldg, Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Caldwell

29028-3126

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)