

FILED APR 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 989

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2810 Harrison St. K. C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40
years, months or days)

3. (a) PRINT FULL NAME Rebecca Frances Black 420

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Samuel H. Black 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 14 1840
(Month) (Day) (Year)

8. AGE: Years 100 Months 1 Days 17 If less than one day
hr. min.

9. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Self
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Martha
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant L. W. Bryan
(b) Address 2810 Harrison

17. (a) Burial (b) Date thereof March 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) 3-4-40 (b) M. M. Crowe
(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. 2810 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1940 hour 12 minute 25 A M.

21. I hereby certify that I attended the deceased from 7:00 20-1940
March 2 1940 to _____ 1940;

that I last saw her alive on 2-27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Arterio-sclerosis.

Due to ?
Due to ?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

Duration
?
years

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?

While at work? _____ (Specify type of place)
(e) Means of injury !

23. Signature F. B. Wallace M.D. (M. D. or other) _____
Address Ladlow Bldg. Date signed 3-2-40

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

12-30
Nov 7051
Fallbrook 129

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

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, above space should be left blank.