

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17341**
Registrar's No. **1868**

Registration District No. **399**

Primary Registration District No. **1002**

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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community **4 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
Kansas City
(c) City or town **Kansas City**
(If outside city or town limits write "RURAL")
(d) Street No. **1908 East 11th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30th**
year **1940** hour **4** minute **50 P. M.**
21. I hereby certify that I ^{buried} ~~attended~~ the deceased ~~from~~ **on Tuesday**
4-30-40, 19____, to _____, 19____;
that I last saw her alive on **4-30-40**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, Broncho**

Due to **1070**
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Inguinal + umbilical hernia
Major findings:
Of operations _____

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 **E. J. Glasgow, M.D.** (M. D. or other)
Address **1306 Prof. Bldg.** Date signed **5-1-40**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Robert Blackman 425**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **December 19, 1939**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 11 hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Bennie Blackman**

13. Birthplace **Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **Viola Graham**
(City, town, or county) (State or foreign country)

15. Birthplace **Pleasanton Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Viola Nichols**
(b) Address **1908 E. 11th**

17. (a) **burial** (b) Date thereof **5/1/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**
Watkins Bros.

18. (a) Signature of funeral director **Watkins Bros.**
(b) Address **1729 Lydia**

19. (a) **May 4, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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 R. M. Adams

Licensed Embalmer No. 4116

P. O. Address 1729 Lydia K.S. Ill

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.