No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5805

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 527

48 3 8

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

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: K.C General Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days) In this community 22 Years

2. USUAL RESIDENCE OF DECEASED: 48 3 8

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2745 Holmes St. (If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lena Blacketer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack Blacketer

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 31, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	1	7	hr. min.

9. Birthplace Pickering (City, town, or county) Missouri C (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name John Latimer

13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

14. Maiden name Rebecca Moon

15. Birthplace (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Jack Blacketer

(b) Address 2903 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

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

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) 2/10/40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1941 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from 2-1-41, 19__, to 2-8-41, 19__; that I last saw her alive on 2-8-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia, bilateral, Fulminating	
Toxemia	
Due to 6 10	
Due to /	
Other conditions Hydroperitoneum, pericardium (Include pregnancy within 3 months of death)	
and thorax.	

Major findings:

Of operations

Of autopsy See above

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? (Specify type of place)

While at work? Means of injury D

23. Signature Henry L. Thorn (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. Clark Sheppard

Licensed Embalmer No. 1479

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.