

Registration District No. 399 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 1443 - Jefferson St 1
(d) Length of stay: In hospital or institution 20 years
In this community years, months or days

3. (a) PRINT FULL NAME William C. Black
(b) If veteran, name war no
(c) Social Security No. no

4. Sex male
5. Color white
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 no record

8. AGE: Years about 68 Months Days If less than one day hr. min.

9. Birthplace no record

10. Usual occupation Driver decorator

11. Industry or business for self

MOTHER FATHER
12. Name no record
13. Birthplace no record
14. Maiden name no record
15. Birthplace no record

16. (a) Informant's own signature Coroner of free
(b) Address Court House

17. (a) Burial (b) Date thereof April 13 41
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Benjamin James Home
(b) Address 404 1/2 Millersburg Pky

19. (a) April 14, 1941 (b) M. M. Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1443 - Jefferson St 1
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8
year 1941 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that he occurred on the date and hour stated above.
Immediate cause of death

acute pulmonary congestion
Due to
card edema
D. acute cardiac dilatation
Other conditions
acute coronary occlusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature
Address H. C. Mo. Date signed

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

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

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.

Rev. 5-17-39
G.O.P. 1939

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.....

Harry Bergman

Licensed Embalmer No.....

2041

P. O. Address.....

Kan 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.