

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17191
Registrar's No. 1853

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:
1215 Brush Creek Blvd. Apt. # 204
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community 45 Years
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1215 Brush Creek Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1941 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from 1934 to May 12 1941.

that I last saw her alive on May 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Myocarditis 1940

Due to Chronic Osteomyelitis of knee 1930

Other conditions (include pregnancy within 3 months of death) a2w

Major findings: Of operations a2w
Of autopsy a2w

Duration
1940
1930
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Laura Belle Black

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

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

6. (b) Name of husband or wife Mr. Walter H. Black 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased January 2 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 10 If less than one day hr. min.

9. Birthplace North Middleton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

12. Name S. H. Treadway
13. Birthplace Montgomery County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Mastin
15. Birthplace North Middleton Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Irene Treadway
(b) Address 1215 Brush Creek Blvd.

17. (a) Burial (b) Date thereof May 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director O. W. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) May 12, 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) /
Address [Signature] Date signed 3/12/41

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 George M. Collier
Licensed Embalmer No. 3839
P. O. Address J.C. 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, fact should be so stated above.