

FILED AUG 16 1941

Registration District No. **277**

Primary Registration District No. **1002**

Registrar's No. **2704**

18
03
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 No. 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6-25-41 - 6-27-41**
 (Specify whether
 In this community **9 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **048**
 (c) City or town **Kansas city** **inc**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3316 E. 25th St.**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country **U**

3. (a) PRINT FULL NAME **Harry W. Black**
 3. (b) If veteran, name war **1**
 3. (c) Social Security No. **1**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **17th**
 year **1941** hour **11** minute **30 A.M.** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ira Black**
 6. (c) Age of husband or wife if alive **62** years
 7. Birth date of deceased **aug 16 - 1873**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
6-25-41, 19, to **7-17-41**, 19;
 that I last saw him alive on **7-17-41**
 and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **10** Days **22**
 If less than one day
 hr. min.

Immediate cause of death **Senility & Diabetes**
 Duration
 Due to **61**
 Due to **61**

9. Birthplace **Pennsylvania**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Lawson**
 11. Industry or business **Insurance**
MOTHER FATHER
 12. Name **John Black**
 13. Birthplace **Penn**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Lawson**
 15. Birthplace **Lawson**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy **None**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Ira Black**
 (b) Address **3315 E 25th St**
 17. (a) **Burial** (b) Date thereof **7/19/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Burr Lawn**
 18. (a) Signature of funeral director **Myrbaug Snow**
 (b) Address **2315 E 25th St**
 19. (a) **7-19-41** (b) **M. M. Browne**
 (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?
 (Specify type of place)
 While at work? (e) Means of injury
 23. Signature **Dirley R. Brown** (M. D. or other) **10**
 Address **Med. Dir. K.C. General Hospital** Date signed

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..... *Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address *1807 E 29*

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.