V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

Registration District No. 37

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13236

Primary Registration District No. 1002

Registrar's No. 1795

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 2 days (Specify whether years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 3214 Garner (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: No

3. (a) PRINT FULL NAME: Mitchell Black
3. (b) If veteran, name war: No
3. (c) Social Security No. 496-03-8874
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie C. Black
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: Jan. (Month) 13 (Day) 1912 (Year)

8. AGE: Years 30 | Months 3 | Days 21 | If less than one day ___ hr. ___ min.

9. Birthplace: Verden (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation: Switch tender
11. Industry or business: K.C. Public Ser. Co.
MOTHER FATHER
12. Name: Earl Black
13. Birthplace: No Record (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Eva B. Gardner
15. Birthplace: No Record (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Nellie C. Black
(b) Address: 3214 Garner
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence Mo.
19. (a) 5-7-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1942 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from 5-2-42, 19__, to 5-4-42, 19__, that I last saw him alive on 5-4-42, 19__, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumococcic meningitis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (e) Means of injury
23. Signature: Jerry R. Thorn (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

MCI

361

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.....

Licensed Embalmer No. 2467

P. O. Address Independence, 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.