

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30167

State File No.

FILED OCT 7 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3985

1. PLACE OF DEATH:
(e) 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:
1105 Lydia Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community one year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 Lydia Ave 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME (Bert) Beoutron Blackburn
(b) If veteran, name war no.
(c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 16
year 1946 hour 3 minute 35 P.M.

4. Sex Male 5. Color or race Col.
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 1st 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 0 15 hr. _____ min. _____

Immediate cause of death: Hypertensive Heart Disease
Duration _____
Due to _____
Due to Same as above

9. Birthplace Kansas City, Kansas
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Chef-Cook

11. Industry or business Mo- Pacific R.R. Co.

Major findings: Of operations: _____
Of autopsy No-Permit 938
Underline the cause to which death should be charged statistically.

12. Name William Blackburn

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

14. Maiden name Elizabeth Slaughter

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

16. (a) Informant Myrtle Blackburn

(b) Address 1035 Grandview Blvd. K.C.K.

17. (a) Removal Removal (b) Date thereof 9-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Nathan H. Holman

(b) Address 1520 N. 5th Street, K.C.K.

19. (a) 9-20-46 (b) Geraldine Holmes
(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 Rapidity - Car
23. Signature H. Williams (M. D. or other) _____
Address 2836 - Brooklyn Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

9-17-46

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..... *E. H. West*

Licensed Embalmer No. *2710*

P. O. Address..... *K. 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.