

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 623

Primary Registration District No. 1002

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether
In this community 5 MOS.
years, months or days)

3. (a) PRINT FULL NAME JOHN BLACK
3. (b) If veteran, name war DONT KNOW 3. (c) Social Security No. 444-01-7274

4. Sex MALE 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased NOVEMBER 19, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 18 hr. min.

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER

12. Name LEWIS BLACK
13. Birthplace UNKNCWN
(City, town, or county) (State or foreign country)
14. Maiden name LUCILLE DUTY
15. Birthplace GAINESVILLE TEXAS
(City, town, or county) (State or foreign country)

16. (a) Informant MAYODIE BLANTON (NIECE)

(b) Address 2400 Perry

17. (a) Burial (b) Date thereof 2-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Plymouth Greenstreet

(b) Address N. L. mo.

19. (a) 2-12-48 (b) Geralline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State OKLAHOMA (b) County 997
(c) City or town OKLAHOMA CITY 300
(If outside city or town limits, write "RURAL")
(d) Street No. 17 W. CALIFORNIA STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month FEBRUARY day 7,
year 1948 hour 8: minute 50 P. M.

21. I hereby certify that I attended the deceased from JANUARY 31, 1948 to FEBRUARY 7, 1948;
that I last saw h. IM alive on FEBRUARY 7, 1948;
and that death occurred on the date and hour stated above.
Immediate cause of death TERMINAL BRONCHO PNEUMONIA

Due to HYPERTENSIVE HEART DISEASE

Due to _____

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

Major findings: 9-20
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Signs of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 2/9/48

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

W. G. Flynn

Licensed Embalmer No.

4383

P. O. Address:

1819 E. 15 K C M

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.