No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4727

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 513

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: Kansas City Tuberculosis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether In this community 1 year - 6 months years, months or days)

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. 585 Forest 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Georgia Blackburn

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Female

5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marvin Blackburn

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. (Month) 13, (Day) 1922 (Year)

8. AGE: Years 26 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Excelsior Springs (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Dishwasher

11. Industry or business

FATHER
12. Name Sidney, Charles
13. Birthplace Plattsburg (unknown) (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Jackson, Alice
15. Birthplace (unknown) (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant K.C.T.B. Hospital

(b) Address Kansas City, Missouri

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-5-1948 (Month) (Day) (Year)

(c) Place: burial or cremation EXCELSIOR SPRINGS, Mo.

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Mo.

19. (a) 2-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 8-1948, 19 , to Feb. 5, 1948 that I last saw her alive on Feb. 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death F. A. Pulmonary Tuberculosis	8 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature William David May (I. D. or other) MD

Address K.C. 3, Mo. Date signed 2-5-48

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.