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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1503

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 5 days
(Specify whether years, months or days) 4 years
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3217 Cleveland
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lilly McPherson Blood

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank O. Blood
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: December 16, 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Wm. F. McPherson

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

14. Maiden name Hannah Cary

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

16. (a) Informant Miss Susie McPherson

(b) Address 3211 Charlotte

17. (a) Burial (b) Date thereof 4-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 4-6-48 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb. 27, 1948, to April 5, 1948;
that I last saw her alive on April 5, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchopneumonia

Due to _____

Due to _____

Other conditions Fr. right hip
(Include pregnancy within 3 months of death)

Major findings: 1860
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) Accident

(b) Date of occurrence 2-27-48

(c) Where did injury occur? K. C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Above address

While at work? No (Specify type of place) (c) Means of injury Fall

23. Signature Wm. F. McPherson (M. D. or other) Med. Dir. Gen'l Hosp.
Address Med. Dir. Gen'l Hosp. Date signed 4-6-48

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

18
3
8

Dr. Powell

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 *John L. Johnson*

Licensed Embalmer No. *2939*

P. O. Address *P. O. 640.*

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.