

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1507

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3-5-618 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Jackson Rural, Blue.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Mo. Rural, Blue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3214 South Ash.		d. STREET ADDRESS (If rural, give location) 3214 South Ash.	

3. NAME OF DECEASED (Type or Print) a. (First) Jerrold	b. (Middle) Lee	c. (Last) black.	4. DATE OF DEATH (Month) (Day) (Year) January 2, 1949
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ever married <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1939	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months 1	IF UNDER 2 YEARS Days 26	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Lincoln, Nebraska!	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert L. Black	13b. MOTHER'S MAIDEN NAME Helen R. Berg.	14. NAME OF HUSBAND OR WIFE ****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert L. Black	ADDRESS 3214 Ash Indep. Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Partial respiratory paralysis DUE TO (c) Old Poliomyelitis Residual		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/2, 1949, to 1/2, 1949, that I last saw the deceased alive on 1/2, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Kronson (Degree or title) M.D.	23b. ADDRESS 1210 So. Ash Indep. Mo	23c. DATE SIGNED 1/4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5, 1949	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri.
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DATE REC'D BY LOCAL REG. 1-14-49	REGISTRAR'S SIGNATURE James S. [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 3214 Ash Indep. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Harold C. Gerken Jr.

Student Embalmer No. *280*

working under my personal supervision.

Student *Harold C. Gerken Jr.*
Student Embalmer

Signed

Wilton L. Keeley

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.