

FILED SEP 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 30101

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3819

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give town) **Kansas City**
c. LENGTH OF STAY (in this place) **60 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **203 West Armour**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**
d. STREET ADDRESS (If rural, give location) **203 West Armour**

3. NAME OF DECEASED
a. (First) **MARY** b. (Middle) **G.** c. (Last) **BLACK**
4. DATE OF DEATH (Month) (Day) (Year) **9 5 49**

5. SEX **Fe** 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Widowed** 8. DATE OF BIRTH **5-5-1880** 9. AGE (In years last birthday) **68 79**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY **XX** 11. BIRTHPLACE (State or foreign country) **New York State** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James D. Collins** 13b. MOTHER'S MAIDEN NAME **Anne Sullivan** 14. NAME OF HUSBAND OR WIFE **James Black**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **XX** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Emma Collins** ADDRESS **203 W. Armour KC Mo**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchial Pneumonia**
ANTECEDENT CAUSES (b) **Several Occasions**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **arterio Sclerosis & Nephritis 7 yrs**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? **334X** YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1942**, 19___, to **9-5**, 19**49**, that I last saw the deceased alive on **9-4**, 19**49**, and that death occurred at **3:30 a m.**, from the causes and on the date stated above.

23a. SIGNATURE **John O. Skinner** (Degree or title) **M. D.** 23b. ADDRESS **1402 Bryant** 23c. DATE SIGNED **11/6/49**

24. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24a. DATE **9-7-49** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Washington** 24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. **9-6-49** REGISTRAR'S SIGNATURE **Sheldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **J. Wagner** ADDRESS **Kansas City Mo.**

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

Boysen R
11-7010

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address _____

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.