

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8520**
1390

BIRTH NO. 14243-50 REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		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 Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital		d. STREET ADDRESS (If rural, give location) 3518 Independence	

3098

3. NAME OF DECEASED (Type or Print) a. (First) Baby Girl b. (Middle) _____ c. (Last) Blackann			4. DATE OF DEATH (Month) (Day) (Year) 3 21 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH 3-19-50	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hrs. Min. 36 137	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.						

13a. FATHER'S NAME Richard Lloyd Blackann		13b. MOTHER'S MAIDEN NAME Chevalier		14. NAME OF HUSBAND OR WIFE None	
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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 ADDRESS Richard L. Blackann, 3518 Indep. Ave. K.C.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & Respiratory Failure		ANTECEDENT CAUSES DUE TO (b) Previabile Birth <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Premature Rupture of Membrane					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					

7615

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Neither		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-19, 1950, to 3-21, 1950, that I last saw the deceased alive on 3-21, 1950, and that death occurred at 4:35a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. W. Swift		23b. ADDRESS 2105 Indep. Ave		23c. DATE SIGNED 3/23/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 3-21-50		24b. DATE 3-21-50		24c. NAME OF CEMETERY OR CREMATORY Body retained by Pathology Department at Kansas City College of		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 3-25-50		REGISTRAR'S SIGNATURE Osteopathy & Surgery		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maddie Holmes - retained by Hoop.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

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.