

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27227  
Registrar's No. 329

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>53-68</u>		Registrar's No. <u>329</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		Rural (Blue)		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		Rural (Blue)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 636 Arlington				d. STREET ADDRESS (If rural, give location) 636 Arlington			
3. NAME OF DECEASED (Type or Print)		a. (First) Florence		b. (Middle)		c. (Last) Blackwell	
4. DATE OF DEATH		8		18		1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married (✓)		8. DATE OF BIRTH June 1, 1875	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deaconess Emeritis		10b. KIND OF BUSINESS OR INDUSTRY Church Work		11. BIRTHPLACE (State or foreign country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William L. Blackwell		13b. MOTHER'S MAIDEN NAME Catherine Cunningham		14. NAME OF HUSBAND OR WIFE None			
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 Miss Clara Blackwell			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES				5 hours	
DUE TO (b) Essential hypertension		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				3 years	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS				371X	
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"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-25</u> <u>1950</u> , to <u>8-18</u> , 1950, that I last saw the deceased alive on <u>8-18</u> , 1950, and that death occurred at <u>8-43</u> A m., from the causes and on the date stated above.							
23a. SIGNATURE J. M. Agee				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 8-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-19-1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. Aug. 19, 1950		REGISTRAR'S SIGNATURE J. M. Agee		25. FEDERAL DIRECTOR'S SIGNATURE George C. Carlson		ADDRESS Independence, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

480

AUG 28 RECD

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 *Harold E. Woodruff*

Licensed Embalmer No. *4609*

P. O. Address *Independence, 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.