

Registration District No. **404**

Primary Registration District No. **5558**

Registrar's No. **58**

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

1. PLACE OF DEATH:

(a) County **Jackson Washington, Mo**
(b) City, or town **Hickman Mills**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kernodles Lake
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **--**
(Specify whether
In this community **15 Years**
years, months or days)

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")
(d) Street No. **7027 Agnes Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
year **1940** hour **5** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **1937**, 19....., 19.....;

that I last saw him **alive** on **1937**, 19....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death **Death by Drowning**

Due to.....

Due to.....

Other conditions **1937**
(Include pregnancy within 3 months of death) **2/6**

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **6-2-40**

(c) Where did injury occur? **Jackson**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
261

While at work? **While swimming**
(Specify type of place) (e) Means of injury

23. Signature **Dr. Russell W. [unclear]** (M. D. or other) **S**

Address **Kansas City, Missouri** Date signed **6/3/40**

8. (a) PRINT FULL NAME **Charles A. Blackwell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **496-16-671**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **April 16 1920**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 1 16 hr. min.

9. Birthplace **Lawson Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **--**

12. Name **Palmer Blackwell**

13. Birthplace **Lawson Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary L. Cristy**

15. Birthplace **Clay County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Palmer Blackwell**

(b) Address **7027 Agnes**

17. (a) **Burial** (b) Date thereof **June 4 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **D. H. Newsome, Jr.**

(b) Address **1401 Brush Creek Blvd. K.C. Mo**

19. (a) **6-11-40** (b) **R. V. Luby, Jr.**
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Kenneth Lee Sapp

Licensed Embalmer No.

4128 D

P. O. Address

1209 Birch Creek K.

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, above space should be left blank.