

FILED MAR 14 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **783**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **two days**
In this community **No** **Unknown** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CALVIN L. BLACKWELL**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married. **2 divorced Wid.**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **--** years **1885**
7. Birth date of deceased **Dec. 22nd** (Month) (Day) (Year)

8. AGE: Years **55** Months **1** Days **20** If less than one day hr. min.

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

10. Usual occupation **Painter**

11. Industry or business

MOTHER FATHER { 12. Name **William L. Blackwell**
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Ella Taylor**
15. Birthplace **N. Carolina** (City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**
(b) Address **K.C. General Hospital**
17. (a) **Burial** (b) Date thereof **2/24/41** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **T. Carralla (Sellers)**
(b) Address **2/24/**
19. (a) **2/24/** (b) **M. M. Crome** (Date received local registrar) (Registrar's signature)

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. **106 East 31st St.** (If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11th**
year **1941** hour **5** minute **11 P.** M.

21. I hereby certify that I attended the deceased from **2-9-41** to **2-11-41**
that I last saw him alive on **2-11-41**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary occlusion**

Due to **Bronchiectasis; Senile Emphysema**

Due to **9/4a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

None

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

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Dr. R. Thorpe** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital, K.C. Mo.** Date signed

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

Wm A. Rohmeyer

Licensed Embalmer No.

3089

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.