

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30742
3499

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

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:
6233 Indiana Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Years (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME Mr. Palmer Blackwell

3. (b) If veteran, None
name war

3. (c) Social Security No. 487065-9488

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary L. Blackwell 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 15 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Carpenter & Contractor

11. Industry or business

12. Name William A. Blackwell
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Melinda Gullett
15. Birthplace Knoxville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary L. Blackwell
(b) Address 6233 Indiana
17. (a) Burial (b) Date thereof Sept. 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director D. H. Huwcomer, Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 9/20/41 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 58
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 6233 Indiana Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 18th
year 1941 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 1
1941 to Sept 18 1941
that I last saw him alive on Sept 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 1 day
Due to Embolism from
Extracted Teeth (?)
Due to

Other conditions Focal infection with
(Include pregnancy within 3 months of death) Tooth extracted about 2 wks ago

Major findings: Of operations 838 Of autopsy 838
Underline the cause to which death should be charged statistically.

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?

(Specify type of place) While at work? (e) Means of injury
23. Signature D. H. Fair (M. D. or other) 0
Address 404 1/2 W 75 Date signed 9/19/41

W. S. H. Fair
404 1/2 W. 75th & Roosevelt
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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.....

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.