

**FILED OCT 2 1944**  
Registration District No. **779**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACONSON**  
(b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1113 EAST-36TH STREET**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 YEARS** (Specify whether years, months or days)  
In this community **30 YEARS**

3. (a) PRINT FULL NAME **MR. AMBROSE VINCENT BLACKWELL**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-033821**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MRS. MADALINE BLACKWELL** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **DECEMBER 20, 1876**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **28** If less than one day hr. min.

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

10. Usual occupation **STREET CAR OPERATOR**

11. Industry or business

12. Name **WILLIAM BLACKWELL**

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

14. Maiden name **MARY Mc ADAMS**

15. Birthplace **LAWSON MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MADALINE BLACKWELL**

(b) Address **1113 EAST-36TH STREET**

17. (a) **BURIAL** (b) Date thereof **SEPT. 20, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM.**

18. (a) Signature of funeral director **D. H. Newcomer**

(b) Address **1401 BRUSH GREEN BLVD**

19. (a) **9-20-44** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACONSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1113 EAST-36TH STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **18TH**  
year **1944** hour **5** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **Feb** 19**44** to **Sept 18** 19**44**  
that I last saw him alive on **Sept 18** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hepatitis**  
Due to **Chronic Hepatitis**

Due to

Other conditions (Include pregnancy within 3 months of death) **124/8**

Major findings: Of operations

Of autopsy

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. Newcomer** (M. D. or other)  
Address **1401 BRUSH GREEN BLVD** Date signed **9/19/44**

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

MOTHER FATHER

861

William Bely

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 *H. C. Newcomer Jr*  
Licensed Embalmer No. *5043*  
P. O. Address *H. C. New*

**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.**