

**FILED FEB 19 1946**

Registration District No. **149**

Primary Registration District No. **1002**

**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 **4248 Forest**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **XX** (Specify whether  
In this community **35 years** years, months or days)

**3. (a) PRINT ARMSTEAD ROGER BLACKWELL  
FULL NAME**

3. (b) If veteran, **World War 1** name war  
3. (c) Social Security No. **487-01-9889**

4. Sex **Ma** / 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Pearl N. Blackwell**  
6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **May 13 1898**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **8** Days **20**  
If less than one day hr. min.

9. Birthplace **Lees Summit Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Traffic Mgr.**

11. Industry or business **Anderson Motor Co.**  
**Roger Jones Blackwell**

MOTHER, FATHER

12. Name **Roger Jones Blackwell**  
13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Piera Virginia Jones**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl N. Blackwell**  
(b) Address **4248 Forest**  
**Burial** (b) Date thereof **2-4-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lees Summit, Mo.**

18. (a) Signature of funeral director **J. W. Wagner**  
(b) Address **Kansas City, Mo.**

19. (a) **2-4-46** (b) **Geraldine Palmer**  
(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. **4248 Forest**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb.** day **3rd**  
year **1946** hour **11:** minute **30** A. M.

21. I hereby certify that I attended the deceased from **January 28,** 19 **46** to **February 3,** 19 **46**  
that I last saw him alive on **February 3,** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema**  
**Chronic valvular**  
**Heart Disease**  
**Chronic Degeneration**  
Due to **Coronary Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92a**  
Of autopsy **92a**  
PHYSICIAN  
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? (c) Means of injury  
23. Signature **H. S. Moore** (M. D. or other) **M.D.**  
Address **1630 Professional Bldg.** Date signed **2/4/46**

MAILED 25 1948

Prof  
11-16-43

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 Cecil R. Matthes

Licensed Embalmer No. 7807

P. O. Address Kansas City, 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: