

FILED FEB 17 1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 584

1. PLACE OF DEATH:

(a) County Jackson Kansas City
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Luke Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community 41 Years
years, months or days)

3. (a) PRINT

FULL NAME John R. Blackwell Jr.

3. (b) If veteran,

name war. No

3. (c) Social Security

No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Blackwell
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased June 5 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 8 27
hr. min.

9. Birthplace Lee's Summit Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer11. Industry or business Farm12. Name John R. Blackwell Sr.13. Birthplace Lee's Summit - Mo.
(City, town, or county) (State or foreign country)14. Maiden name Clara L. Kreeger15. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Jane Blackwell(b) Address Lee's Summit Mo.17. (a) Burial (b) Date thereof 2/8/1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lee's Summit Mo.(d) Signature of funeral director W. C. Langford(e) Address Lee's Summit, Mo.19. (a) 2-8-47 (b) Bernadine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 101 Monroe
(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 6
year 1947 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 4
_____, 1947, to Feb. 6, 1947
that I last saw him alive on Feb. 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Skull Fracture 2 days
Bronchial-Pleural Effusions 2 days
Due to Emphysema & old injury 2 days
2 injuries received in
Due to Automobile accident
Feb. 4, 1947

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb. 4, 1947
(c) Where did injury occur? Pleasant Hill, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway (Specify type of place) Automobile
While at work? no (e) Means of injury Accident

23. Signature Clint Miller (M. D. or other) M.D.
Address Lee's Summit Mo. Date signed 2-6-47

Blackwell

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.....

W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

FILED FEB 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 584

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME John R. Blackwell, Jr.

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

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

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

7. Birth date of deceased. (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director.

(b) Address

19. (a) 2-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 1947 year. 3 day. 40A. minute. M.

21. I hereby certify that I attended the deceased from Feb. 4 to Feb. 2-6 1947 that I last saw him alive on 2-6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. skull fracture Duration 2 days

bronchial pleural fistula 2 days

Due to emphysema of abdomen, chest, neck 2 days

injuries received in automobile accident 2-4-47 (car overturned, non collision)

Due to 2-4-47 (car overturned, non collision)

Other conditions. (Include pregnancy within 3 months of death)

Major findings:

Of operations. 170C

Of autopsy. 28

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) accident

(b) Date of occurrence 2-4-47

(c) Where did injury occur? Pleasant Hill, Cass, Mo.

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

While at work? no (Specify type of place) (e) Means of injury auto trauma

23. Signature Clint L. Miller (M. D. or other M. D.)

Lee's Summit, Mo. Date signed 2-6-47

S-4735