

16525

FILED JUN 2 1947

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 677

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1616 Jule St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community About 23 Years years, months or days)

3. (a) PRINT FULL NAME James Blackwell

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased December 25 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Self

12. Name James Blackwell

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

14. Maiden name Unknown

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

16. (a) Informant Raleigh E. Blackwell

(b) Address North Kansas City, Mo. R.F.D. 5

17. (a) Burial (b) Date thereof May 26, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Norman W. Sidupaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) May 27, 1947 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 Francis St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1947 viewed 3 minutes 30 P.M.

21. I hereby certify that I attended the deceased from May 24th 1947 to May 24th 1947
that I last saw h. alive on May 24th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____

Due to _____

Due to _____

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

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? _____

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

23. Signature B.W. Tadlock (M. D. or other) _____

Address KING HILL BLDG Date signed 5-27-47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

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.....

James H. W. Clanchan Registered Apprentice No. *486*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3308*

P. O. Address.....

St Joseph, 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.