

Registration District No. **149**

Primary Registration District No. **1002**

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

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: **GENERAL HOSPITAL NO. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **29 DAYS**
(Specify whether years, months or days) **43 YRS.**

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. **1227 E. 11TH ST.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Arthur CHESTER BLACKWELL**

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

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

6. (b) Name of husband or wife **SADIE BLACKWELL** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **SEPTEMBER 22, 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **8** Days **7** If less than one day hr. min.

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

10. Usual occupation **MINISTER**

11. Industry or business

MOTHER FATHER { 12. Name **CHARLIE BLACKWELL**
13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **MATTIE MORRIS**
15. Birthplace **TENNESSEE**
(City, town, or county) (State or foreign country)

16. (a) Informant **SADIE BLACKWELL (WIFE)**

(b) Address **1227 E. 11th St.**

17. (a) **Removal** (b) Date thereof **6/2/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Westlawn Cem. K.C., Mo.**

18. (a) Signature of funeral director **E. H. H. H. H.**

(b) Address **1212 VAN ST, Kansas City, Mo.**

19. (a) **6-2-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **29**, year **1947** hour **10:** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **APRIL 30, 1947** to **MAY 29, 1947**; that I last saw him **IM** alive on **MAY 29, 1947**; and that death occurred on the date and hour stated above.

Immediate cause of death **PULMONARY INFARCTION**
CENTRAL NERVOUS SYSTEM SYPHILIS

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **30C**

Major findings: Of operations

Of autopsy **SAME AS ABOVE**

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?

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

23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **5/29/47**

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.....

E. Sterling Bills

Licensed Embalmer No.....

3178

P. O. Address.....

1212 Vine St. Kansas City

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.