

No. 2
4-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34383

FILED OCT 25 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4366

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:
Shea Nursing Home # 812 - Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Lees Summit 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SALLIE MORGAN BLACKWELL

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 17 to 17 Oct 1947
that I last saw him alive on 16 Oct 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas C. Blackwell

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14, 1862
(Month) (Day) (Year)

Immediate cause of death Senility

Due to _____

Due to _____

Other conditions Circulatory failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 163

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 85 Months 9 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Retired

12. Name Armisted Blackwell

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

14. Maiden name Sallie Murphy

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

16. (a) Informant Alexis G. Blackwell

(b) Address 813 S. Main st. Indep., Mo.

17. (a) Burial (b) Date thereof 10-19-47
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Cemetery

18. (a) Signature of funeral director Wm Mitchell

(b) Address 310 N. Main st. Indep., Mo.

19. (a) 10-18-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Dr. Anderson (M. D. or other) MS.
Address Independence Mo Date signed 10-18-47

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

MOTHER FATHER

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.....

R. Alan Griffith

Registered Apprentice No. *457*

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *3156*

P. O. Address *Indep. 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.