

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24614

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2827
(c) City K.C. Mo. (d) Street No. Trinity Hospital, K.C. Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank A. Blakesley

(a) Residence, No. 26 East 69th Street, K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genevieve K. Blakesley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Asst. Sec'y & Treas.
9. Industry or business in which work was done, as saw mill, bank, etc. Security Stove
10. Date deceased last worked at this occupation (month and year) Mar. 1939 Total time (years) spent in this occupation 108

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

13. NAME George W. Blakesley

14. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

15. MAIDEN NAME Alice Avery

16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT Genevieve K. Blakesley
(ADDRESS) 26 East 69th, Str., Terrace City

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE July 15th, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
(ADDRESS) 18 Brooklyn Avenue, K.C. Mo.

20. FILED July 14, 39 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939 to July 13, 1939.
I last saw h. alive on July 13, 1939. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Extension into heart lumen

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury: _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. M. Brown M. D.

(Address) 1408 W. 10th St.

Dr. Ketchum % Waldheim Bldg.,
Phone Vic: 6708
Will sign at 1; P.M. Friday.

1408

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 *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *926 Brooklyn P. O.*

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, above space should be left blank.