

FILED AUG 14 1940  
 S.S.No. unknown if any

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

24905  
 Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198  
 (b) Township Fishing River Primary Registration District No. 3011 Registered No. 116  
 (c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 6 hrs. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James G. Blakay

(a) Residence, No. 615 East 14th St., Kansas City, Mo.  Kansas City, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Katie Blakay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1895

7. AGE YEARS 45 MONTHS 0 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook and Chauffeur  
 9. Industry or business in which work was done, as saw mill, bank, etc. unknown  
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

FATHER 13. NAME John Blakay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

MOTHER 15. MAIDEN NAME Lucinda Robbins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville, Arkansas

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL-CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE July 31, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard  
Excelsior Springs, Mo.

20. FILED 7-31-1940 Ma. R. M. Cracker  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30 (2:00 P.M.), 1940, to 8:18 AM July 30, 1940

I last saw him alive on July 30, 1940 Death is said to have occurred on the date stated above, at 8:18 A.M.  
 The principal cause of death and related causes of importance were as follows:

Hypertensive and arteriosclerotic heart disease with cardiac hypertrophy and dilatation, myocardial degeneration and decompensation, severe, class 5

Other contributory causes of importance:  
Nephritis, chronic

Date of onset

Name of operation none Date of ---  
 What test confirmed diagnosis? examination Was there an autopsy? no  
and observation

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? --- Date of injury ---  
 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 unknown  
 (Signed) W.A. GERMAN, M.D. Clinical Director  
Veterans Administration Facility  
Excelsior Springs, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S.S. 490-16-2482

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 07-8-8

**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 Claude Richard

Licensed Embalmer No. 2751

P. O. Address Exelwos Spgs M

**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.**