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13-40
7-39
X23150

Register District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1213**

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

PLACE OF DEATH:
 (a) County **BUCHANAN**
 (b) City or town **ST. JOSEPH**
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 mos. 8 ds.**
 In this community **all of life 4 mo. 8 ds.**
 years, months or days **3**

3. (a) PRINT FULL NAME **Thos Jefferson Blakley**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **wid.**
 6. (b) Name of husband or wife **Geordiea (Ginney)** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **DEC 14 1856**
 (Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **5** hr. _____ min.

9. Birthplace **Doniphan Co. Kan.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____
 12. Name **Henry T. Blakley**
 13. Birthplace **Doniphan Co. Kan.**
 14. Maiden name **Mary Goodman**
 15. Birthplace **Doniphan Co. Mo.**

16. (a) Informant **Jim Blakley**
 (b) Address **Easton Mo.**

17. (a) **Removal** (b) Date thereof **11-22-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Blakley Cemetery Near Easton**

18. (a) Signature of funeral director **F. B. Brown**
 (b) Address **Stewartville Mo.**

19. (a) **4/28/40** (b) **F. B. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **Buchanan**
 (c) City or town **rural R # 2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Easton Mo.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **19**
 year **1940** hour **6-45** minute **0** A. M.
 21. I hereby certify that I attended the deceased from **July 11 1940** to **11/19 1940**
 that I last saw him alive on **11/19 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia 5 ds.**
 Due to **arteriosclerosis with chronic myocarditis**
 Due to **wind hypertension**

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **A. J. C.**
 Of autopsy **Same as above**

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? **85**
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature **T. J. O'Dell** (M. D. or other) **320**
 Address **St. Joseph** Date signed **11/19/40**

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

J. G. Dixon

Licensed Embalmer No.

952

P. O. Address

Stewartville, Md

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.