

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9474
State File No. _____
883
Registrar's No. _____

Primary Registration District No. 1002

48
3
8
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:
3200 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 4 Months
years, months or days

3. (a) PRINT FULL NAME Nathaniel Blakley
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Delila Blakley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 12 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 20 hr. _____ min.

9. Birthplace Armstrong Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name John William Blakley
13. Birthplace Un known
(City, town, or county) (State or foreign country)
14. Maiden name Delila Smith
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Kuheim
(b) Address I647 Madison

17. (a) Burial (b) Date thereof March 4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Armstrong Mo.

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn

19. (a) 3/3/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 88
(c) City or town Moberly (If outside city or town limits, write "RURAL") 6
(d) Street No. _____ (If rural, give location) 3
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2
year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan 28, 1941, to Feb 20, 1941,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Cerebral hemorrhage

Due to Chronic nephritis

Other conditions 73!
(Include pregnancy within 3 months of death) 1218

Major findings:
Of operations _____
Of autopsy _____

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 0

23. Signature M. M. Brown (M. D. or other) _____
Address 531 Argyle Bldg Date signed 3/3/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.