No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14832

State File No.

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five Days (Specify whether

In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1 (If outside city or town limits, write "RURAL")

(d) Street No. 818 Clinton St 3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frances Blakeney

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Nov (Month) 14 (Day) 1866 (Year)

8. AGE: Years 74 Months 4 Days 20 If less than one day — hr. — min.

9. Birthplace Bridgeport (City, town, or county) 1 Conn (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

FATHER
12. Name George Wilbur
13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Kenyon Richardson
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Stewart Blakeny

(b) Address East Salem Illinois

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 6 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Apr. 6, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~March~~ April day 4th year 1941 hour 2:00 minute 30P M.

21. I hereby certify that I attended the deceased from February 2nd, 1941, to April 4th, 1941; that I last saw her alive on April 4th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	5 days
Chr. Nephritis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): apoplexy with Rt hemiplegia	8 yrs

131b

Major findings: Of operations None

Of autopsy No

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

8/15 While at work? No (e) Means of injury

23. Signature George H. Wood (M. D. or other) M.D.

Address 304 Grant St., Carthage, Mo. Date signed 4/5/41

(Licensed Embalmer's Statement on Reverse Side)

41-5-487

JUN 5 1957

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 Emma C Steel

Licensed Embalmer No. 39

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.