

2
4-41
7-39
K26390

DEC 28 1941
Registration District No. _____

Primary Registration District No. 5-40-34168 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkton Mo

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

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

In this community 58 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin ³⁵

(c) City or town Clarkton ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 61st ⁰
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Walter Blakeney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th year 1941 hour 1 minute 30 a.m.

4. Sex Male ³ Color or race White

5. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Sarah Holley 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb 14th 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22nd 1935 to Nov 7th 1941 that I last saw him alive on Nov 6th 1941 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>74</u> | <u>8</u> | <u>23</u> |hr.min. |

Immediate cause of death Pulmonary paralysis ^{Duration 11-3-41}

9. Birthplace M.C. (City, town, or county) (State or foreign country) 1

Due to ascending spinal paralysis ⁷⁹¹⁰

Due to injury, fell from ladder and injured lumbar spine

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name P. L. Blakeney

13. Birthplace M. C. (City, town, or county) (State or foreign country) 1

14. Maiden name Susan Rogers

15. Birthplace M. C. (City, town, or county) (State or foreign country) 1

Major findings: Of operations _____ Of autopsy 1142

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant D. W. Blakeney (b) Address Dexter Mo.

17. (a) Burial (b) Date thereof Nov 8 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stairfield

18. (a) Signature of funeral director Landon Fernald Jones (Specify type of place)

(b) Address Campbell, Mo. (e) Means of injury _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 1935

(c) Where did injury occur? Franklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on his farm.

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature P. Blakeney (M. D. or other) ME
Address 1 Date signed _____

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

RECEIVED
District Health Office No. 2,
District File Number 1241-1643
Date Filed 12-19-41

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 the above constitutes grounds for revocation of license.)

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