

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Mo  
In this community 20 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 20th & Engineer  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 1941  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 10:30 A.M.  
21. I hereby certify that I attended the deceased from Dec 4 1941 to Dec 4 1941  
that I last saw him alive on Dec 4-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic congestion & heart failure  
Due to: Esophagus one week of every standing  
Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: 53  
Of autopsy: \_\_\_\_\_

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 \_\_\_\_\_  
23. Signature J. P. Hutchell (M. D. or other) M.D.  
Address Sedalia Mo Date signed 12/4/41

Duration  
Physician  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James M. Blakely  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Margaret Blakely 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 23 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days II If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Daniel G. Blakely  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Ward  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Blakely  
(b) Address Sedalia Missouri

17. (a) Burial (b) Date thereof Dec. 6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Marshall

18. (a) Signature of funeral director McLaughlin Bros  
(b) Address Sedalia Missouri

19. (a) 12-5-41 (b) Anna Anna Berger  
(Date received local registrar) (Registrar's signature)

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

70  
6  
4

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 1-14-42

FEB 4 1942

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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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

**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.**