

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

298 9485

State File No. ....

FILED APR 25 1942  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1298

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

4830

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-12-42- 1 hr.  
(Specify whether years, months or days) unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1710 Park  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME DEVERE BLAKEY

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced unk. 4

6. (b) Name of husband or wife unknown. 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased unknown.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>			hr. min.

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

10. Usual occupation unknown.

11. Industry or business

12. Name John Blakey

13. Birthplace Marshall Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Bell

15. Birthplace unk.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date hereof 4-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director M. M. Crowe

(b) Address City, Missouri

19. (a) 4-2-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1942 hour 6 minute 30 p.m.

21. I hereby certify that I attended the deceased from March 12, 1942  
5:00 p.m. to 6:30 p.m. xx  
that I last saw him alive on March 12, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebravascular Accident - Hemorrhage

Due to Hypertensive type heart disease

Due to 93A

Other conditions 93A  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

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 [Signature] (M. D. or other)  
Address Gen. Hosp #2 602622 Date signed 3-16-42

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

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(Licensed Embalmer's Statement on Reverse Side)

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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.....

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.**