

FILED JUN 18 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 468

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(c) Name of hospital or institution:  
710 Dewey St  
(d) Length of stay: In hospital or institution 55 years  
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(d) Street No. 710 Dewey  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Amelia Willemenia Augusta Blakely

(b) If veteran, name war  
(c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced / Married

(b) Name of husband or wife D.F. Blakely 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 20 1878

8. AGE: Years 63 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Germany 4

10. Usual occupation Housewife

11. Industry or business

12. Name Fredrick Marohn

13. Birthplace Germany 4

14. Maiden name Augustina Marohn

15. Birthplace Germany 4

16. (a) Informant Mrs Earl Maddox

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof May 8, 1942

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address 1946 Colman, St Joseph, Mo.

19. (a) 5/7/42 (b) Rose Henry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1942 hour 8 minute 18 P.M.  
21. I hereby certify that I attended the deceased from May 4 1942 to May 5 1942  
that I last saw her alive on May 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death  
① Diabetes  
② Cachexia & Dehydration  
③ Myocardial weakness  
Atherosclerotic  
Dementia senilis general

Major findings: Of operations 61  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature WMB, M.D. or other M.D. or other M.D. Address St Joseph, Mo. Date signed 5-6-42

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

11  
1  
7

**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 .....

*Robert L. Gable*

Licensed Embalmer No. ....

*3308*

P.O. Address .....

*St Joseph, Mo.*

**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.**