V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27243

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3429

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

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: 2915 Olive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2915 Olive
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME IRVIN N. BLAKEMORE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma

5. Color or race Wh 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Margaret Blakemore

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

7. Birth date of deceased January (Month) 6 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	7	2	hr. min.

9. Birthplace Goodletville (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Retired Commercial Traveler

11. Industry or business Hardware

FATHER
12. Name Franklin Blakemore
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Margaret Gosse
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Hortense Neal

(b) Address 612 Everett KCK

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 8-9-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1943 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from Aug 2, 1943, to Aug 8, 1943, that I last saw him alive on Aug 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertrophied Prostate (with retention of urine)	6 months
Due to chronic nephritis with uremia	1 week
Due to	
Other conditions (Include pregnancy within 3 months of death) 137a	

Major findings:
Of operations
Of autopsy

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature John K. Caldwell O (M. D. or other) MD

Address 306 E. 12th Kansas City, Mo. Date signed 8/9/43

(Licensed Embalmer's Statement on Reverse Side)

John F. Caldwell M.D.
Argyle Bg. Ha 7170

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 A. R. Hannschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.