S. No. 2
I—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33867

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette Mo. (If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: Lee Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days) In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

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

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

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James Neval Blakemore

3. (b) If veteran, name war ----

3. (c) Social Security No. ---

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Annie Lou Potter

6. (c) Age of ~~husband~~ or wife if alive 73 years

7. Birth date of deceased Nov. (Month) 5 (Day) 1865 (Year)

8. AGE: Years 79 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Thomas Harvey Blakemore

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

14. Maiden name Ruth Young

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

16. (a) Informant Leland Blakemore

(b) Address Harrisburg Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/45 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cemetery Ralph A. Carr Fayette,

18. (a) Signature of funeral director

(b) Address Fayette, Missouri

19. (a) 10-23-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1945 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from Oct 5, 1945 to Oct 17, 1945 that I last saw him alive on Oct 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Streptococcal Pneumonitis — Duration 2 days

Due to

Due to

Other conditions Chronic arthritis 10 yrs (Include pregnancy within 3 months of death)

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 [illegible] (M. D. or other) M. D.

Address Fayette Mo. Date signed 10-24-45

1281 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 11-6-40

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 Ralph A Carr

Licensed Embalmer No. 3340

P.-O. Address Fayette 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.