

Registration District No. 3043

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles H. Blakey

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 Married

6. (b) Name of husband or wife Laura M. Blakey

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 21, 1976
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Engineer

11. Industry or business C.B. & C

MOTHER FATHER { 12. Name John Blakey

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

14. Maiden name Mary Elizabeth

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

16. (a) Informant Mrs Charles Blakey

(b) Address 621 North Eighth Street

17. (a) Burial (b) Date thereof 8-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood, Palmyra Mo

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 8-13-46 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 621 North Eighth
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1946 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from August
11, 1946, to Aug 12, 1946
that I last saw him alive on Aug 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to _____

Due to _____

Other conditions diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 61

Duration _____

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. E. M. Lucke (M. D. or other) _____

Address W. E. M. Lucke Date signed 8/13/46

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 *W Crawford Smith*

Licensed Embalmer No..... 7814

P. O. Address..... Hannibal Missouri

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.**