

No. 2
2-45
17-39
X47070

FILED NOV 25 1946

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. AMMA

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution:
511 West 11th. Street

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **35 Years** (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**

(d) Street No. **511 West 11th. Street**

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **JAMES T. BLAKELY**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Maude Blakely**

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

7. Birth date of deceased **March 16th. 1871**

8. AGE:	Years	Months	Days	If less than one day
	75	7	27	hr. _____ min.

9. Birthplace **Wayne County Iowa**

10. Usual occupation **Broker**

11. Industry or business **Real Estate**

12. Name **Reuben L. Blakely**

13. Birthplace **Iowa**

14. Maiden name **Minerva Hockersmith**

15. Birthplace **Iowa**

16. (a) Informant **Mr. Victor M. Blakely**

(b) Address **511 West 11th. Street**

17. (a) **Burial** (b) Date thereof **11 - 15 - 1946**

(c) Place: burial or cremation **Green Lawn Cemetery Freeman Mortuary & Chapel**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **13th.** year **1946** hour **10** minute **50 A** M.

21. I hereby certify that I attended the deceased from **Nov-4** 19 **46** to **Nov-13.** 19 **46** that I last saw him alive on **Nov-13-1946.** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis-Angina pectoris.**

Due to _____

Due to _____

Other conditions **Arteriosclerosis.**

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? _____

(Specify type of place) _____ (e) Means of injury _____

Signature **Vester Parr M.D.** (M. D. or other) _____

Address **315- Lee Bldg Ke Mo.** Date signed **11/13/46**

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

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

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kanawha 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.