

No. 2
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DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS
FILED APR 29 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13212**
Registrar's No. **334**

Registration District No. **128** Primary Registration District No. **5405**

1. PLACE OF DEATH:
(a) County **Greene**
(b) City or town **Rural Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield R.F.D. # 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Months** (Specify whether
In this community **20 Months**
years, months or days)

3. (a) PRINT FULL NAME **CALBERT JECIL BLAKEY**
3. (b) If veteran, **no** **3. (c) Social Security** **No.**
name war

4. Sex **male** **5. Color or race** **White**
6. (a) Single, widowed, married, **6. (c) Age of husband or wife if**
divorced **Single**
6. (b) Name of husband or wife **6. (c) Age of husband or wife if**
alive years
7. Birth date of deceased **August 6, 1945**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 2 hr. min.

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER

12. Name **Everett Blakely**
13. Birthplace **Taney County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Beasie Nash**
15. Birthplace **Mark Tree, Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Everett Blakely**
(b) Address **Springfield, Mo. R.F.D. 6**

17. (a) Burial **(b) Date thereof** **Apr. 10, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **Fred G. Thieme**
(b) Address **Springfield, Mo.**

19. (a) 4-10-47 **(b) W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Rural Campbell Twp.** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Springfield R.F.D. #6** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1947** hour **8:00 A.M.** minute **0** M.

21. I hereby certify that I attended the deceased from **3-18**, 19**47**, to **April 8**, 19**47**
that I last saw him alive on **April 5**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis, pulmonary fulminating**
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? **✓**

While at work? (Specify type of work)
(c) Means of injury
23. Signature **James F. Amos** (M. D. or other) **MD**
Address **Springfield, Mo.** **Date signed** **4-8-47**

Duration

Unknown

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..... *Ralph V. Thieme*.....
Licensed Embalmer No. 3681
P.O. Address..... Springfield, 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.