

No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16622
Registrar's No. 657

Registration District No. 42

Primary Registration District No. 5130

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town RURAL, RUSH TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U.S. Highway # 59 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town Rushville 0
(If outside city or town limits, write "RURAL")
(d) Street No. General delivery 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM LAFAYETTE BLAKLEY

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

7. Birth date of deceased January 5, 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business None

12. Name Nathaniel Blakley

13. Birthplace Gentry Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Louis Blakley (son) 17. (a) Burial (b) Date thereof 5/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armstrong Cemetery

18. (a) Signature of funeral director John C. Gump 19. (a) May 20, 1947 (b) E. B. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 17, 1947, to May 17, 1947, to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Impassioned received
When struck by an
auto

Due to _____
Duration _____

Due to _____
Other conditions (include pregnancy within 3 months of death) none

Major findings: Of operations 1 mi

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) accident //

(b) Date of occurrence 5-17-1947

(c) Where did injury occur? Rushville Buch mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? No (Specify type of place) (e) Means of injury auto
23. Signature B. W. Tadlock (M. D. or other) 0
Address King Hill Bldg Date signed 5/17/47

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, ~~on~~.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *13986*

P. O. Address *St. Joseph, 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.