S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30290

State File No.

Registration District No. 27 Primary Registration District No. 2005 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 201 E Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Butler 1
(If outside city or town limits, write "RURAL")

(d) Street No. 201 E. Walnut 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DENNIS EDWARD BLAKEMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Cora Blakeman

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

7. Birth date of deceased August (Month) 15, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	16	hr. min.

9. Birthplace Harrison Co., Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Peter V. Blakeman
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Munsey
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Cora Blakeman
(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver Underwood
(b) Address Butler, Mo.

19. (a) Aug 3·47 (Date received local registrar) (b) Kendall Kerney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1947 hour 5:15 minute PM M.

21. I hereby certify that I attended the deceased from May 10, 1947, to July 31, 1947
that I last saw him alive on July 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Carcinoma Lead of Pancreas

Due to

Other conditions NO
(Include pregnancy within 3 months of death)

Major findings: Of operations NO 46 g

Of autopsy NO

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(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 0

23. Signature O. G. Woolding (M. D. ~~or other~~)

Address Butler, Mo Date signed 20 Aug 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 7,
8-47-1100
9-19-47
Date Filed

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 Kenneth H. Book, Registered Apprentice No. 471, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.