MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D DEC 21 1938

38922
Do not use this space.

1. PLACE OF DEATH
(a) County: Clark — Registration District No.: 192
(b) Township: Sweet Home — Primary Registration District No.: 5267 — Registered No.:
(c) City: — (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: James Kerr Blakely
(a) Residence, No.: St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Mrs Almira Blakely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15 1861

7. AGE: Years 77 — Months 4 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisburg Penn

FATHER
13. NAME: Daniel Blakely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Catharine Shontz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Mrs Almira Blakely, Revere Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Revere Mo DATE: Nov 6 1938

19. FUNERAL DIRECTOR (ADDRESS): G. M. Epperhart, Revere Mo

20. FILED: Nov. 5 1938 J. L. McConnell, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938, to Nov. 4, 1938
I last saw ~~him~~ alive on Nov. 6, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	

Other contributory causes of importance: N.P.N.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury: , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) J. L. McConnell, M. D.
(Address) Revere, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

RECEIVED
District Health Officer No. 10
District File Number 10-38-639
Date Filed 12-15-38

STATEMENT BY LICENSED EMBALMER

I, G. N. Epperhart, Licensed Embalmer No. 1802

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed G. N. Epperhart

Licensed Embalmer No. 1802

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.)