

FILED MAY 17 1940

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

14455

Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 97
 (b) Township Kidder 2 Primary Registration District No. 5743 Registered No. 4
 (c) City (d) Street No. St.
 (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 Jeremiah C. Blakley

(a) Residence, No. 424 Jeremiah C. Blakley Cameron, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Blakeley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1855
 7. AGE YEARS 85 MONTHS 29 DAYS 29 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Gentry Co. Missouri

13. NAME Jesse Blakley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Missouri

15. MAIDEN NAME Betsy Sweeten
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Y. Sample Potter

18. BURIAL, CREMATION, OR REMOVAL PLACE Crab Orchard Cem. DATE Apr 12 1940

19. FUNERAL DIRECTOR (ADDRESS) Foland Funeral Home Cameron Mo.

20. FILED April 10 1940 H. F. Powell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1940, to April 9, 1940
 I last saw him alive on April 8, 1940. Death is said to have occurred on the date stated above, at 10:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset

Other contributory causes of importance: 97

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) M. D. Potter M. D.
 (Address) Cameron Mo

RECEIVED
District Health Officer No. 11,
District File Number 540-748
Date Filed MAY 16 1940

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Jimmy Huchshon
.....
Licensed Embalmer No. 4092

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.)