

JAN 21 1941
Registration District No. **582**Primary Registration District No. **4344**Registrar's No. **44**

1. PLACE OF DEATH:

(a) County **MONROE**
 (b) City or town **PARIS**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
COOPES AVE.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community **65-8-29** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **GEORGE C. BLAKEY**3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **NELLE F. BLAKEY** 6. (c) Age of husband or wife if alive **46** years
 7. Birth date of deceased **MAR. 9, 1875**
 (Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **29** If less than one day _____ hr. _____ min.9. Birthplace **PARIS MO**
(City, town, or county) (State or foreign country)10. Usual occupation **SUPV. LIGHT & POWER SYSTEM**11. Industry or business **MUNICIPAL LIGHT & WATER PLANT**12. Name **WILLIAM BLAKEY**13. Birthplace **MO.**
(City, town, or county) (State or foreign country)14. Maiden name **MOLLIE CALDWELL**
(City, town, or county) (State or foreign country)15. Birthplace **MO.**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Nelle F. Blakey**(b) Address **PARIS, MO.**17. (a) **BURIAL** (b) Date thereof **12-10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **WALNUT GROVE**18. (a) Signature of funeral director **Special Blakey**(b) Address **PARIS, MO.**19. (a) **12-8-40** (b) **F. B. Barrett, M.D.**
(Date received local registrar) (Registrar's signature) **12-8**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**
 (c) City or town **PARIS**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **COOPES AVE**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **8TH**
year **1940** hour _____ minute **3:30 A.M.**21. I hereby certify that I attended the deceased from **12-4**
19**40**, to **Dec 8**, 19**40**
that I last saw him alive on **Dec. 8**, 19**40**
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Thrombosis** Duration **2 weeks**

Due to _____

Due to **1146**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? **910**While at work? **910** (Specify type of place) (b) Means of injury _____23. Signature **Geo. W. J. [Signature]** (M. D. another) **1**Address **PARIS, MO.** Date signed **12-8-40**

RECEIVED

District Health Officer No. 10

District File Number L-41-151

Date Filed JAN 16 1941

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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, above space should be left blank.