No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1090

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 403

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

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3534 Agnes, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 17 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3534 Agnes,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Mrs. Grace M. Blakeley,
3. (b) If veteran, name war x
3. (c) Social Security No. no x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 7 Dec.
6. (b) Name of husband or wife Albert C. Blakeley,
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August 7 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	22	hr. min.

9. Birthplace Missouri, 0 (City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business x
FATHER
12. Name Isaac Sydebothom
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Thursh
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. M. D. Campbell,
(b) Address 3534 Agnes, Kansas City, Mo.
17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 1-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Stewartsville, Mo.
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1/29/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th, year 1942 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from July 9, 1941, to Jan 29, 1942 that I last saw her alive on Jan 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	2 days
Due to Hypertensive cardio renal disease	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 131	

Major findings:
Of operations
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)
(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
23. Signature E. Petry (M. D. or other)
Address 300 Argyle Bldg Date signed 1-29-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. L. Petry 2-30
Aug 7 Cr Bldg

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 [signature]

Licensed Embalmer No. 1415

P. O. Address 19 P. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.