

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 830

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4003

State File No.

3841

Registrar's No.

21

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2.0 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John D. 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 Vera Blakey 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 17 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business

MOTHER FATHER { 12. Name Isramville Blakey
13. Birthplace Don't know Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Blakey

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof Jan. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emerson m.d.

18. (a) Signature of funeral director E. Hager

(b) Address Shelbina, Mo.
19. (a) Jan. 21, 1942 (b) Wedge Gooch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 100
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Jan 10 to Jan 10 1942
that I last saw him alive on Jan 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate 1 yr.
Duration

Due to

Due to 518

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. L. Simpson (M. D. or other) 210
Address Shelbina, Mo. Date signed Jan 20 1942

RECEIVED

District Health Officer No. 10

District File Number

2-42-233

Date Filed

FEB 12 1942

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

Me

, Registered Apprentice No.

working under my personal supervision.

Signed

E. Hayes

Licensed Embalmer No.

1437

P. O. Address

Shelbina, 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, fact should be so stated above.