

FILED OCT 13 1949

Registration District No. 139

Primary Registration District No. 100

Registrar's No. \_\_\_\_\_

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:  
1011 Bales Ave.  
(If not in hospital or institution, write street number or location)

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

In this community 5 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 Bales Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary M. Blakey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward B. Blakey

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June 23 1872  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>71</u> | <u>3</u> | <u>0</u> | _____ hr. _____ min. |

9. Birthplace Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace "  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fay Hinkle

(b) Address 1011 Bales Ave. K.C. Mo.

17. (a) Burial Removal  
(Burial, cremation, or removal)

(b) Date thereof 9/25/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Deep Water, Mo.

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 E. 15th St. K.C. Mo.

19. (a) 9-24-43  
(Date received local registrar)

(b) T E Brown  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 43 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 20  
43 1943 to Sept 23 1943  
that I last saw her alive on Sept 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

Due to Carcinoma

Due to 478

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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 R L St Clair (M. D. or other) MD

Address 5242 Date signed 9/25/43

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

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**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

*John B. Sharp*

Licensed Embalmer No.

*2955*

P. O. Address

*19. C. 7th*

**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.**