

FILED SEP 21 1944

State File No.

Registration District No. 9

Primary Registration District No. 5251-4650

Registrar's No.

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Harrisburg Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 997
(c) City or town Kansas City Kansas 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1308 Penn. Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Richard Edward Blakemore

3. (b) If veteran, name war ----- 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Margarett Blakemore 6. (c) Age of husband or wife if alive 4th years
7. Birth date of deceased March 4th 1944
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days ----- If less than one day hr. ----- min. -----

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business -----
12. Name William Edwin Blakemore
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Doyle
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant W R Blakemore
(b) Address Harrisburg Missouri

17. (a) Burial (b) Date thereof 9-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg Mo.

18. (a) Signature of funeral director Guy T. Halley
(b) Address Fayette Mo.

19. (a) Sept. 12, 1944 (b) Mrs. Anne Orane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th
year 1944 hour 2 minute p M.

21. I hereby certify that I attended the deceased from Aug 2 1944 to Aug 23 1944
that I last saw him alive on Aug 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition 6 weeks
Duration

Due to -----
Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 9502 PHYSICIAN
Of autopsy none
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 M. P. Leach M.D. (M. D. or other)
Address Lee Hospital, Fayette, Mo. Date signed 9-6-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-18-44

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 Faysh A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.