S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23496

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3177

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: Conley Maternity Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs 50 min (Specify whether

In this community 6 hrs 50 min 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. 3021 EAST 22nd St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Infant Boy Blakeley

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 17 (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	6 hr. 50 min.

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

10. Usual occupation infant

11. Industry or business

FATHER
12. Name John Stewart Blakeley
13. Birthplace Gracey (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Bonnie Rose Jones
15. Birthplace Cadiz (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant John Stewart Blakeley (father)

(b) Address 3021 E. 22 K.C. MO.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Retained at Conley

18. (a) Signature of funeral director Maternity Hosp. for

(b) Address scientific study

19. (a) 7-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour 3 minute 50 pM.

21. I hereby certify that I attended the deceased from 9:00 am 7-17 1946 to 3:50 pm 7-17 1946 that I last saw him alive on 3:50 P.M. 7-17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death premature infant below the age of viability

Due to 6½ mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

159

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 Luther W. Swift DO (M. D. or other)

Address 2105 Indep. Ave Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.