

FILED JAN 30 1947

Registration District No. 21

Primary Registration District No. 5085

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Westpoint Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Westpoint Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Belle Blakely
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1947 hour 3 minute PM

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.T. Blakely
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased: Feb. 7, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 12, 1947
to January 14, 1947
that I last saw her alive on January 14, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: Years 78 Months II Days 7
If less than one day _____ hr. _____ min.

Hypostatic lobar Pneumonia 3 Days
Due to Coronary Occlusion 1 wk.
Due to _____

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

10. Usual occupation House-wife

11. Industry or business _____

12. Name Volney B. Scott

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

14. Maiden name Ann Jordan

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

16. (a) Informant J.T. Blakely

(b) Address Amsterdam Missouri

17. (a) Burial (b) Date thereof I-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grave Cemetery
Griffin City Mo.

18. (c) Signature of funeral director Archer & Mangold

(b) Address Amsterdam Missouri

19. (a) 1-16-47 (b) J.G. Mangold
(Data received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 94A
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? _____ (b) Means of injury DO
23. Signature W.H. Schubert (M.D. or other) _____
Address Amoret, Missouri Date signed 1-15-47

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

1-27-47

JAN 31 1947

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, L. K. Mangold

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

L. K. Mangold

Licensed Embalmer No. 3010

P. O. Address. Amsterdam Md.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. _____

Registration District No. 21 Primary Registration District No. 608J

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural
(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 _____ (Specify whether _____)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West Paint Jap.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah B. Blakely
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 7
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-16-47 (b) L.R. Mangoldt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-105