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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21540**

Registration District No. **184**

Primary Registration District No. **3038**

Registrar's No. **43**

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

1. PLACE OF DEATH:

(a) County **Linn**

(b) City or town **Brookfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
320 S. Beverly St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **4 mo. 7 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**

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

(d) Street No. **320 S. Beverly**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jerry Lane Blakely**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **M**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **January 31 1947**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	4	7	hr. _____ min.

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

10. Usual occupation **Infant**

MOTHER FATHER {

11. Industry or business _____

12. Name **Louis Blakely**

13. Birthplace **Brookfield, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Theima Harris**

15. Birthplace **Brookfield, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rollie Harris**

(b) Address **Brookfield, Mo**

17. (a) **Burial** (b) Date thereof **6-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Cemetery**

18. (a) Signature of funeral director **Rusk Funeral Home**

(b) Address **Brookfield, Mo.**

19. (a) **6-12-47** (b) **Walter Brewin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **11** hour **00** minute **P** M.

21. I hereby certify that I attended the deceased from _____ 19____;
Called as Coroner.
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Probably Strangulation**

Duration _____

Due to **Aspirating Mucous**

Due to **Pneumonia**

According to information received from Hospital.

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? _____

(Specify type of place)

While at work _____ (e) Means of injury **3**

23. Signature **Dale Bunch**
(M. D. or other) **Coroner**

Address **Marceline Mo** Date signed **6/10/47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Harold B. Wright*

Licensed Embalmer No. 3018.....

P. O. Address..... Brookfield, 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.