No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26878

Registration District No. 172 Primary Registration District No. 3054 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville, 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 (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")
(d) Street No. 110 Broadway 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Robert C. Blakeley
3. (b) If veteran, name war
3. (c) Social Security No. 495-01-1504
4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary Blakeley
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June (Month) 1st (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
66	3	---	hr. min.

9. Birthplace Pleasant Hill, Mo. 1
(City, town, or county) (State or foreign country)
10. Usual occupation International Shoe Factory
11. Industry or business
FATHER 12. Name Robert A. Blakeley
13. Birthplace Dandridge, Tenn. 1
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret J. Smith
15. Birthplace Reading, Pa. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nannie Johnson
(b) Address Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/48. (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Higginsville, Mo.
19. (a) Sept 2-1948 (Date received local registrar) (b) Clayton N. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 1st
year 48 hour 12-30 A M minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastasis from Carcinoma Urinary bladder Operated Feb 1948 -	
Due to Pyelonephrosis -	3 mos
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Higginsville, Mo. Date signed 9/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 7-10-48

SEP 20 1948

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 Ronnie Rushton

Licensed Embalmer No. 4284

P. O. Address HIGGINSVILLE, 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.