

Registration District No. 55

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Carrollton,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home west Carrollton, 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____
(Specify whether
 In this community all her life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll
 (c) City or town Carrollton, RFD#
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cecil Agnes Blakeley

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced. Married,
 6. (b) Name of husband or wife Price Blakeley 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased Oct. 21, 1902,
(Month) (Day) (Year)

8. AGE: Years 46. Months xx Days 2 If less than one day
hr. min.

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

10. Usual occupation housewife,

11. Industry or business _____

MOTHER FATHER { 12. Name Jasper Todd,
 13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
 14. Maiden name Addie O'Dell,
 15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Price Blakeley
 (b) Address Carrollton, Mo. - RFD#

17. (a) Burial (b) Date thereof Oct. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Arkadelphia Cem. Avalon, Mo.

18. (a) Signature of funeral director Clifford W. Austin
 (b) Address Tina, Missouri.

19. (a) 10/25/48 (b) Tom Herbert Calvert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd,
 year 1948 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 1/47
 1947 to Oct 23 / 48 1948
 that I last saw her alive on Oct 23, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the breast
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. Hamilton _____
 Address Carrollton, Mo Date signed Oct 25 1948

Duration

about 1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

11-4-48

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 _____

Clifford W. Austin

Licensed Embalmer No. _____

3233

P. O. Address _____

Tena Missouri

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.