No. 300
-10-47
-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36383

Primary Registration District No. 1002

Registrar's No. 4531

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: 0
Trinity Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)

In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED: 24

(a) State: Missouri (b) County: Clay

(c) City or town: North Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R.488 River View Add. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country: X

3. (a) PRINT FULL NAME: Thomas Thornton Blakely

3. (b) If veteran, name war: X no

3. (c) Social Security No.: 486-10-7004A

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Maried 1

6. (b) Name of husband or wife: Lorna Doone Blakely

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Sept (Month) 10 (Day) 1880 (Year)

8. AGE: Years 68 Months 1 Days 26 If less than one day: X hr. min.

9. Birthplace: Ameliasburg (City, town, or county) Canada (State or foreign country) 7

10. Usual occupation: Ralston Pruna Mills

11. Industry or business: Same

MOTHER FATHER

12. Name: John Blakely 9

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 1

14. Maiden name: Phoebe Ann Benhan

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Mrs Thomas Blakely

(b) Address: R.R.488 North Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn, K.C. Mo.

18. (a) Signature of funeral director: Morton Smith's F.H.

(b) Address: 832 Armour Road, N.K.C. Mo.

19. (a) 11-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 6th year: 1948 hour: 12 minute: 27 AM.

21. I hereby certify that I attended the deceased from Oct-28, 1948 to Nov-6-1948 that I last saw him alive on Nov-5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture R Femur / Coronary Insufficiency	1 week
Due to: Generalized Arterio Sclerosis	
Due to: Cerebral Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death): Fracture Rt Femur 1948	10 days

Major findings:
Of operation: Fracture Rt Femur
Intertrochanteric

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): Fell from back steps

(b) Date of occurrence: Oct-28-48 12:3

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell from back door steps (Specify type of place)

While at work? (e) Means of injury: Home

23. Signature: Carl A. Brust (M. D. or other) 0

Address: 106 W 10th K.C. Mo. Date signed: Nov 7 48

(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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City, M

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.