

FILED DEC 12 1946

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME James L. Blakemore

3. (b) If veteran World War I name was
3. (c) Social Security No. 490-00-8905

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 4 years 28 years 1895
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 7 4 hr. min.

9. Birthplace Clinton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Grocery

11. Industry or business

12. Name James N. Blakemore

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

14. Maiden name Ida C. Ferguson

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

16. (a) Informant Maude Ryler

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conglewood cem

18. (a) Signature of funeral director Ed Wilkerson

(b) Address Clinton Mo

19. (a) 12-4-46 (b) B. B. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 601 C. Green
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1946 hour 5 minute 00P M.

21. I hereby certify that I attended the deceased from Dec 2
1946, to Dec 2 1946
that I last saw him alive on Dec 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 1 hr

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? (e) Means of injury

23. Signature H. Walker (M. D. or other) MD

Address Clinton Mo Date signed 12-3-46

MOTHER FATHER

94A

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 22 1949

AUG 1 1947

DEC 1 1946

RECEIVED
District Health Officer No. 7
L.L.V. (308)
Date Rec'd 12-18-46

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 *Fred W. Keese*

Licensed Embalmer No. *2478*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.