

13947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1942
Registration District No. 135134

Primary Registration District No. 4075

Registrar's No.

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 59yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll / 7

(c) City or town Bosworth / 0
(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 0

3. (a) PRINT FULL NAME Rachel Grizelda Blakeley

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st, year 1942 hour Eleven minute A.M.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife John M. Blakeley 6. (b) Age of husband or wife if alive deceased

7. Birth date of deceased March 5th, 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1942 to April 1, 1942

that I last saw her alive on Mar 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration

8. AGE: Years Months Days If less than one day

88 00 26 hr. min.

Due to Tuberculosis

Due to

9. Birthplace Orange County Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

11. Industry or business

12. Name Johnathon L. Brown

13. Birthplace Orange County Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Davis

15. Birthplace Orange County Ind.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs L.B. Willis

(b) Address Bosworth, Missouri

17. (a) BiBurial (Burial, cremation, or removal) (b) Date thereof Apr. 2nd, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Big Creek Cemetry

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?

18. (a) Signature of funeral director David J. Edwards

(b) Address Bosworth, Mo

19. (a) April 2-1942 (Date received local registrar) (b) Ruth Perry Edwards (Registrar's signature)

(Specify type of place) While at work? 0 (e) Nature of injury 0

23. Signature David J. Edwards (M. D. or other) APR 7 1942

Address Bosworth, Mo sign APR 7 1942

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

MOTHER FATHER

007

105-33

MAY 9 1942

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 *David J. Edwards*
Licensed Embalmer No. *3765*
P. O. Address *Bowen, 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.

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1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Bosworth
(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 39 yrs
years, months or days)

3. (a) PRINT FULL NAME Rachel G. Blakely
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ♀ 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mch 5 - 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months - Days 0 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 11 year 1942 hour 11 minute a M.

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

Immediate cause of death myocarditis
tuberculosis
pulmonary

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Brown (M. D. or other) _____

Address Bosworth Mo Date signed Apr 30

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

dtw

