

RECD JAN 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44168

Do not use this space.

1. PLACE OF DEATH

(a) County Platte (b) Township Weston (c) City Weston

Registration District No. 698
Primary Registration District No. 4420

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda J. Blackketter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1865
7. AGE YEARS 73 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Watertown (STATE OR COUNTRY) Missouri

13. NAME Spencer Blackketter
14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 1

15. MAIDEN NAME Matilda Sasse
16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 1

17. INFORMANT Oliner Snow (ADDRESS) Weston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chambers Rd DATE Dec 15 1938

19. FUNERAL DIRECTOR (NAME) J. B. Zell (ADDRESS) Weston Mo

20. FILED 12/13 1938 J. B. Zell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Suicide by Hanging
made a noose out of a lamp cord and hanged himself in a old barn.

Other contributory causes of importance: He cut his throat some 6 weeks ago trying to commit suicide.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Clarence Francis Coroner
Platte Mo, M. D.
(Address) Parkville Mo

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, Dec 13
1938, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 832

P. O. Address Weston 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, above space should be left blank.