

REC'D AUG 22 1939

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

25801  
Do not use this space.

1. PLACE OF DEATH  
(a) County Tackson Registration District No. 398  
(b) Township Independence Primary Registration District No. 3019  
(c) City Independence (d) Street No. Joseph Blatter Registered No. 226  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 436 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Blatter  
(a) Residence, No. 136 Poland St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Blatter  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12 1876  
8. AGE YEARS 63 MONTHS 4 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.  
9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mathman  
10. Industry or business in which work was done, as saw mill, bank, etc. Mathman  
11. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cohoes New York  
13. NAME Matthew Blatter  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
15. MAIDEN NAME Delephind Hampson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
17. INFORMANT (ADDRESS) Mary E. Blatter 136 Poland  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE July 17 1939  
19. FUNERAL DIRECTOR (ADDRESS) George Carson Independence, Mo.  
20. FILED July 16 1939 H. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1939  
22. I HEREBY CERTIFY That I attended deceased from June 10 1939 to July 14 1939. I last saw him alive on July 13 1939. Death is said to have occurred on the date stated above, at 3 A. m. The principal cause of death and related causes of importance were as follows:  
Septis from multiple hepatic abscesses  
Date of onset Hb  
Other contributory causes of importance: Carcinoma of head of pancreas, obstruction of common duct  
Name of operation no Date of .....  
What test confirmed diagnosis? autopsy Was there an autopsy? yes  
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) J. C. Heckerian, M. D. (Address) Independence Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**