S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35261

Registration District No. 297 — Primary Registration District No. 3016 — Registrar's No. 95

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 409 W. Main St. —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether 2

In this community 80 - 5 - 7 -
years, months or days) YRS - Mos - Das.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Washington, Mo. —
(If outside city or town limits, write "RURAL")

(d) Street No. 409 - W. Main St. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no — years.

3. (a) PRINT FULL NAME HENRY JOHN BLECKMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louise Rose Wendling (Bleckman)

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

7. Birth date of deceased May - (Month) 8 - (Day) 1860 (Year)

8. AGE: Years 80 Months 5 Days 7 - If less than one day hr. ✓ min.

9. Birthplace Franklin Co. (City, town, or county) Mo. - 0 (State or foreign country)

10. Usual occupation Machinist 6

11. Industry or business Machine Shop - 6

FATHER
12. Name Frederick John Bleckman
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Cornet. -
15. Birthplace Hanover (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ross Bleckman
(b) Address Washington Mo -

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 17 - 40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Otto & Co
(b) Address Washington Mo. -

19. (a) Oct. 16 - 1940 (Date received local registrar) (b) S.A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day 15
year 1940 hour 3 minute - 2 M.

21. I hereby certify that I attended the deceased from September 17, 1940 to October 15, 1940 that I last saw him alive on October 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Probably several years.

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

23. Signature [signature] (M. D. ~~or other~~)
Address Washington, Mo Date signed 10/16/40

(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 .....

Licensed Embalmer No. 2464

P. O. Address Washington 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.