

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36648**

Registration District No. **885**

Primary Registration District No. **6177**

Registrar's No. **9**

10
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Washington** **Bellin**
(b) City or town **Rural**
(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 **2**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Washington**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **J. Peter Bluff**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara Bluff** 6. (c) Age of husband or wife if alive **alive** years

7. Birth date of deceased **June 9 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **Washington** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation _____ **9**

11. Industry or business **Farming** **9**

12. Name **J. Peter Bluff**

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

14. Maiden name **Riggs** **Barley**

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

16. (a) Informant **Clara Bluff**

(b) Address **California MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 7 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Pan Creek 7 1940**

18. (a) Signature of funeral director **Sparks** **9 10**

(b) Address **St. Louis MO**

19. (a) **Nov 6 1940** (Date received local registrar) (b) **Elmer White** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **4** 1940
year **1940** hour **11:10** minute **AM**

21. I hereby certify that I attended the deceased from **June 1940** to **Nov 7 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **none**

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 **J. P. ...** (M. D. or other) _____
Address **Grandall MO** Date signed **11-14-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. _____

P. O. Address _____

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.

Thos Cluff