

OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35636

Registration District No. 625

Primary Registration District No. 3031

Registrar's No.

124

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Marysville Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 months
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME ANNA ROSE BLATTER.3. (b) If veteran, 3. (c) Social Security name war No. 4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years7. Birth date of deceased Jan 2, 1885
(Month) (Day) (Year)8. AGE: Years 56 Months 8 Days 27 If less than one day
hr. min.9. Birthplace Marysville Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Beauty Operator

11. Industry or business

12. Name Theodore Blatter13. Birthplace Raden Germany
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Wiffauer15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Bert Blatter(b) Address St Joseph Mo.17. (a) Burial (b) Date thereof Oct 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Marys Cemetery18. (a) Signature of funeral director Paul Funeral Home(b) Address Marysville Mo19. (a) Oct 2-410 (b) Marie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
 (c) City or town Marysville
 (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 Sept day 29
year 1941 hour 10 minute 0 M.21. I hereby certify that I attended the deceased from Aug 10
1940 to Sept 29 1941that I last saw her alive on Sept 29 1941
and that death occurred on the date and hour stated above.Immediate cause of death DurationCarcinoma of spine /
brain skull and chestDue to apparently originated
in bonesDue to Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Of autopsy

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? While at work (Specify type of place) Means of injury 23. Signature J. H. Boyle (M. D. or other) 0Address Marysville Date signed 10-2-41

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

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.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.

Registration District No. **625**

Primary Registration District No. **3031**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Marionville**
(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
years, months or days)

3. (a) PRINT FULL NAME **Anna R. Blatter**

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

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

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

7. Birth date of deceased **Jan 2 1888**
(Month) (Day) (Year)

8. AGE: Years **56** Months **8** Days **27** (If less than one day, in hr. or min.)

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

10. Usual occupation
11. Industry of business

MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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 **Sept** Day **14** Year **1941** hour..... minute..... M.

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

Immediate cause of death.....
**Arteriosclerosis of spine
with 5th rib and chest
apparently originated in
Pulmonary city
Not determined**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... (M. D. or other)
Address..... Date signed.....

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

SUPPLEMENTARY

S-35636