

FILED AUG 10 1948

Registration District No. 3011

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

1. PLACE OF DEATH:

(a) County: Clay

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

(c) Name of hospital or institution: Dr. Ball Health School
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 16 days
(Specify whether years, months or days)

In this community: 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Wis (b) County: Rock 999

(c) City or town: Beloit 49
(If outside city or town limits, write "RURAL") 0

(d) Street No. 931 1/2 St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country: La

3. (a) PRINT FULL NAME: ELMER W BLODGETT

3. (b) If veteran, name war: No

3. (c) Social Security No.: 700

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 13
year: 42 hour: 8 minute: 20 P.M.

21. I hereby certify that I attended the deceased from 7/13-42 to 7/13-42, 1942; that I last saw him alive on 7/13-42, 1942; and that death occurred on the date and hour stated above.

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: June 5 - 1880
(Month) (Day) (Year)

Immediate cause of death: Hemorrhage in Brain 36 hrs

Due to: _____

Due to: _____

8. AGE: Years: 62 Months: 1 Days: 8
If less than one day: _____ hr. _____ min.

Other conditions: Prosthetic involvement
(Include pregnancy within 3 months of death)

9. Birthplace: Unknown (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Auto Salesman

11. Industry or business: _____

12. Name: Selvey Blodgett

13. Birthplace: Beloit (City, town, or county) Wis (State or foreign country)

14. Maiden name: Addie Miller

15. Birthplace: Beloit (City, town, or county) Wis (State or foreign country)

Major findings: 83a!
Of operations: _____
Of autopsy: _____

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

16. (a) Informant: S. K. Blodgett

(b) Address: Rt. 1, Beloit, Wis

17. (a) Removed (Burial, cremation, or removal)

(b) Date thereof: July-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Beloit, Wis

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 _____

18. (a) Signature of funeral director: Herbert Hoop

(b) Address: Excelsior Springs Mo

19. (a) 7-26-42 (Date received local registrar)

(b) Mrs. Sadie Redman (Registrar's signature)

23. Signature: Mrs. Truelson (M. D. or other) _____
Address: Excelsior Springs Mo Date signed: 7/14/42

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-7-42

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 Scott W. Hackenmuth

Licensed Embalmer No. 3597

P. O. Address Chillicothe, 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.