

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31022

OCT 5 1942

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 221

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

1. PLACE OF DEATH:

(a) County..... Pettis

(b) City or town..... Sedalia

(c) Name of hospital or institution:
1901 W 3

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo

(b) County..... Pettis

(c) City or town..... Sedalia

(If outside city or town limits, write "RURAL")

(d) Street No..... 901 W 3rd

(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... Henry Albert Blatterman

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept day..... 14

year..... 1942 hour..... 9 Pm minute..... M.

21. I hereby certify that I attended the deceased from.....
1941 to..... Sept 14 - 1942

that I last saw him alive on..... Sept 14 - 1942
and that death occurred on the date and hour stated above.

4. Sex..... male

5. Color or race..... white

5. (a) Single, widowed, married, divorced..... married

6. (b) Name of husband or wife..... Bertha

6. (c) Age of husband or wife if alive..... 70 years

7. Birth date of deceased..... Aug 19 1872

(Month) (Day) (Year)

Immediate cause of death.....
Uremia of Prostate gland

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 51R

8. AGE:

Years	Months	Days	If less than one day
70	7	25	hr. min.

9. Birthplace..... Sedalia Mo

(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business..... Restaurant Owner

12. Name..... Justave Blatterman

13. Birthplace..... St Louis Mo

(City, town, or county) (State or foreign country)

14. Maiden name..... Katherine Schmalzer

15. Birthplace..... Germany

(City, town, or county) (State or foreign country)

16. (a) Informant..... Will Blatterman

(b) Address..... Sedalia Mo

17. (a) Burial (b) Date thereof..... 9 17 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Crown Hill

18. (a) Signature of funeral director..... McLaughlin Bros

(b) Address..... Sedalia Mo

19. (a) 9/17/42 (b) Mrs Anna Berger

(Date received local registrar) (Registrar's signature)

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..... J E Suavely (M. D. or other).....

Address..... Sedalia Mo Date signed..... 9/16/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-3-42

OCT 5-1942

AUG 15 1952

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.....

Robert H. Reed

Licensed Embalmer No.....

3745

P. O. Address.....

Sedalia 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.