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No. 2
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5-17-33
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 9 1943 360

Registration District No.

Primary Registration District No. 3076

Registrar's No. 73

1. PLACE OF DEATH:

(a) County VERMONT

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

(c) Name of hospital or institution Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

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

(d) Street No. 220 N Carter
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES THOMAS BLATTI

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1943 hour 12:30 minute P. M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ANNA

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased APRIL 11 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1943 to June 27 1943, that I last saw him alive on June 27 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 2 Days 16 If less than one day hr. min.

Immediate cause of death Chronic myocarditis

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

Due to Chronic Nephritis

10. Usual occupation Engineer at ICE PLANT

Due to —

MOTHER FATHER { 11. Industry or business

12. Name John BLATTI

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

14. Maiden name VIOLA HIGH

15. Birthplace LEROY KANSAS
(City, town, or county) (State or foreign country)

Other conditions none
(Include pregnancy within 5 months of death)

Major findings: Of operations none

Of autopsy none

16. (a) Informant Mrs Anna Blatti

(b) Address Clinton mo

17. (a) REMOVED (b) Date thereof 6-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD CEM

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? —

18. (a) Signature of funeral director Marsh Ciching

(b) Address Nevada mo

19. (a) 7-1-43 (b) Regal B. Bewick
(Date received local registrar) (Registrar's signature)

While at work? — (Specify type of place)

23. Signature W. Hove (M.D. or other)

Address Nevada, MO Date signed June 27/43

Duration Don't know.

Don't know.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 6-43-683

Date Filed 7-8-13

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 Marsh Eichinger

Licensed Embalmer No. 26506

P. O. Address Nevada, 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.