

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED SEP 14 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29476

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 325
(b) Township Lancaster Primary Registration District No. 6098
(c) City or Village Lancaster Rural (d) Street No. 1 St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ronnie Max Blodgett
(a) Residence, No. 1 St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1943
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
0 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. C
9. Industry or business in which work was done, as saw mill, bank, etc. C
10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) Schuyler Co (STATE OR COUNTRY) Mo

13. NAME Max Blodgett
14. BIRTHPLACE (CITY OR TOWN) Schuyler Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME Wilma Bodkins
16. BIRTHPLACE (CITY OR TOWN) Schuyler Co (STATE OR COUNTRY) Mo

17. INFORMANT Max Blodgett (ADDRESS) Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 007 Lancaster DATE Aug 30 1943

19. FUNERAL DIRECTOR (NAME) Morehead (ADDRESS) Lancaster Mo

20. FILED Aug 17, 1943 A. L. Justice Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1943
22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1943 to Aug 27 1943
I last saw him alive on Aug 29 1943. Death is said to have occurred on the date stated above, at 1:30 P. M.
The principal cause of death and related causes of importance were as follows:

atelectasis
Date of onset
Other contributory causes of importance: 161a

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. E. Vaughn M. D.
(Address) Lancaster, Mo

RECEIVED

District Health Officer No. 10

District File Number 9-43-1573

Date Filed SEP 14 1943

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.