

U. S. No. 2
FORM 2-43
REV. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29518**
Registrar's No. **75**

FILED SEP 14 1943
337
Registration District No. _____

Primary Registration District No. **6-138**

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Pearl Baltzer

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased Jan. 17th, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>7</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Same

12. Name Geo. W. Baltzer

13. Birthplace Adams Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Emeline VanOsdal

15. Birthplace Knox Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Krieg

(b) Address Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Prairie

18. (a) Signature of funeral director Mellon & Barkman

(b) Address Shelbyville, Mo.

19. (a) Sept 9 43 (Data received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1943 hour 3:30 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 17, 1943 to Aug. 19, 1943
that I last saw him alive on Aug. 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage caused paralysis of right side Duration 2 dy

Due to Hypertension Duration 9 mo.

Due to Occurred after car ran in a ditch Duration 8

Other conditions (Include pregnancy within 3 months of death) 1700

Major findings: Of operations _____ Of autopsy 20

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) Accident, car run

(b) Date of occurrence Aug. 17, 1943

(c) Where did injury occur? Epworth, Shelby Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On public road 3/4 mile north of his home
(Specify type of place) (e) Means of injury _____

23. Signature D. K. ... (M. D. or other) _____

Address Shelbyville, Mo. Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 9-43-1520

Date Filed SEP 10 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 Ch. Hawkins
Licensed Embalmer No. 3498
P. O. Address Shelburne - Md.

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.