

FILED JAN 31 1944

Registration District No. 1

Primary Registration District No. 5181

Registrar's No. 1

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town New Appleton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
3 1/2 miles S.W. to Jurg  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cape Girardeau  
 (c) City or town Cape Girardeau Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 401 Shenus  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES F BLATTNER  
 3. (b) If veteran, name war World War NI  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 25  
 year 1943 hour 4 minute 50 A.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased Dec - 24 - 1893  
(Month) (Day) (Year)

Immediate cause of death Broken Neck at 3rd Cervical  
 Due to Automobile Accident  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 102-6  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years 50 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Feed Store

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Charles F Blattner  
 13. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Keller  
 15. Birthplace Cape Girardeau Mo  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Louis Blattner  
 (b) Address Cape Girardeau Mo  
 17. (a) Burial (b) Date thereof Dec 27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park  
 18. (a) Signature of funeral director W. J. Powell  
 (b) Address Cape Girardeau Mo  
 19. (a) Jan 6 1944 (b) W. J. Powell  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 016  
 (b) Date of occurrence Dec. 25, 1943  
 (c) Where did injury occur: Highway 25 Cape Mo  
(City, or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Highway 25 - 1 mile south of Old Appleton Mo  
(Specify type of place)  
 While at work? No (e) Means of injury Auto  
 23. Signature Dr. J. F. Sigmund Coroner  
 Address Jackson, Mo 3 Date signed 12/28/43

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

1600

1328

RECEIVED

District Health Officer No. 4

District File Number 144-3262

Date Filed 1-28-44

JAN 3 1944

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.