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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6712

State File No. .....

FILED MAR 15 1944

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution:
State Hospital no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs 4 days (Specify whether
In this community 16 yrs 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Morgan 14/1

(c) City or town Dresden
(If outside city or town limits, write "RURAL") 2

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

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

If yes, name country 0

3. (a) PRINT FULL NAME John Blasengym

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

3. (c) Social Security No. DK

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife U.K.

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

7. Birth date of deceased Feb (Month) 12 (Day) 1878 (Year)

8. AGE: Years 66 Months 0 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Truss Blasengym
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Etta Nitzert
15. Birthplace Morgan County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Etta Blasengym

(b) Address .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24-1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Hospital Grounds

18. (a) Signature of funeral director C. C. Thomas

(b) Address 302 Market St Fulton Mo

19. (a) 2-24-1944 (Date received local registrar) (b) Josie Morsuckhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1944 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1944, to Feb 19, 1944
that I last saw him alive on Feb 18, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Streptococcic type Bilateral Pneumonia (Red Hepatization)	?
Due to Arteriosclerosis generalized massive with Cardiac Hypertrophy	?
Due to Chronic Interstitial Myocarditis and Nephritis	?
Other conditions (Include pregnancy within 3 months of death)	

3/a

Major findings:
Of operations None

Of autopsy Same as above

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) .....

(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?
..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Forrest Thomas (M. D. or other)

Address Fulton Mo Date signed 2/19/44

1147

(Licensed Embalmer's Statement on Reverse Side) State Hosp. No

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-14-44

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.