No. 2
-8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21058

State File No.

Primary Registration District No. 1000

Registrar's No. 658

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2909 Olive Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2909 Olive Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nettie Ann Blagg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 8 (Day) 1871 (Year)

8. AGE: Years 73 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Barnard (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Francis M. Blagg
13. Birthplace Barnard (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Jane Wilson
15. Birthplace DeKalb (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John H. Blagg.
(b) Address Gardner, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/13/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Barnard, Missouri

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Mo.

19. (a) 6/13/44 (Date received local registrar) (b) Helen L. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th. year 1944 hour 2:55 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1944 to June 10, 1944 that I last saw her alive on June 10, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Chronic Myocarditis — Duration 6 wks

Due to Arterio Sclerosis and obesity — 6 or 7 years

Due to: Has been under my treatment for above more or less for 10 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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

23. Signature Dr. John J. Wisser (M. D. or [redacted])
Address 109 - N 8 St Joseph Mo Date signed 6/12/44

1399

(Licensed Embalmer's Statement on Reverse Side)

PERMANENT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....Albert R. Harringe

Licensed Embalmer No.....3258 Missouri

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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