

FILED APR 5 1946  
Registration District No. 2745

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1500 So. BEACON /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 YRS.  
In this community 17 YRS.  
years, months (or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1500 So. BEACON  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM A BLAUE

3. (b) If veteran, name war 0 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MAR  
6. (b) Name of husband or wife LENA 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased 3 3 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business SELF  
12. Name JOHNY BLAUE

13. Birthplace CASCO U  
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. W. H. BLAUE

(b) Address SEDALIA, MO

17. (a) BURIAL (b) Date thereof 3-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GERALD, MO

18. (a) Signature of funeral director Geo. Sheppard

(b) Address Sedalia, mo

19. (a) 3-14-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 13  
year 1946 hour 11 AM minute 40 M.

21. I hereby certify that I attended the deceased from 2/13 1946 to 3/13 1946  
that I last saw him alive on 3/13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1st,  
Due to ??  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy no  
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) no  
(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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature D. T. Yeager M.D. Date signed 3/15/46  
Address Sedalia, MO

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

OP 273

201

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-4-46

APR 9 1946

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Leola, 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.