

FILED MAY 9 1946

State File No. _____

Registration District No. 258

Primary Registration District No. 4382

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Graham
(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 none
(Specify whether years, months or days)
In this community about 48 yrs

3. (a) PRINT FULL NAME Matilda Rebecca Blecker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife James Blecker 6. (c) Age of husband or wife if alive 69 years
6. Birth date of deceased March 9 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Washington Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name C. L. Swartz

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Scogg

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

16. (a) Informant James Blecker

(b) Address Graham Mo

17. (a) Burial (b) Date thereof 4-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.O.F. Graham

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marquette Mo

19. (a) 4-5-46 (b) Mrs. Loyal Brown
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madaway
(c) City or town Graham
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1946 hour 11 minute 43 P.M.

21. I hereby certify that I attended the deceased from April 1, 1946, to April 3, 1946
that I last saw h.e. alive on April 3, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia
Due to Chronic Myocarditis

Duration

12 hrs.

3 mos.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. C. Dey (M. D. or other) D.O.
Address Madison, Mo Date signed 4/10/46

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

MOTHER FATHER

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marquette MI*

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.