

No. 2
5-43
17-39
X36871

FILED DEC 11 1946
Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Burge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 Days**
In this community **32 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **656 West Calhoun 6**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **John F. Blatterman**
3. (b) If veteran, name war **No** 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sadie A. Blatterman** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 29 1887**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **16**
year **1946** hour **(Three) 3** minute **55 P.M.**
21. I hereby certify that I attended the deceased from **24 Oct.** 19**46**, to **16 Nov.** 19**46**;
that I last saw him alive on **16 November** 19**46**
and that death occurred on the date and hour stated above
Immediate cause of death **3:55 P.M.** Duration _____
Heart failure

8. AGE: Years Months Days If less than one day
59 **1** **17** hr. min.

Due to **Myocardial Infarction** **24 days**
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace **Sedalia Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Plumber**
11. Industry or business **Standard Plumbing Co.**

Major findings: **94A**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name **Gus Blatterman**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Shoemaker**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Sadie A. Blatterman**
(b) Address **Springfield, Missouri**
17. (a) **Burial** (b) Date thereof **11/19/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sedalia, Mo.**
18. (a) Signature of funeral director **Herman H. Lohmeyer**
(b) Address **Springfield, Missouri**
19. (a) **11-20-46** (b) **W.S. Hendley md.**
(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) _____
(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 **Samuel E. Smith** (M. D. or other) **0**
Address **450 1/2 E Commercial** Date signed **18 Nov. 46**

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

NOV 30 1949

DEC 11 1949

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 Roy Mercer R.D.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.