

No. 2
-12-45
5-17-39
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27549

FILED SEP 8 1947

Registration District No. 147

Primary Registration District No. 5562

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community life
years, months or days

3. (a) PRINT FULL NAME Anna Baltisser

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 5. Color or race white

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

6. (b) Name of husband or wife Jacob Baltisser

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

7. Birth date of deceased July 17 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>1</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER

12. Name Henry Peetz

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

14. Maiden name Johannah Poeple

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

16. (a) Informant George Allers

(b) Address Pilot Knob Missouri

17. (a) burial (b) Date thereof 8-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address 9-1-1747 Ironton Mo.

19. (a) 9-1-1947 (b) Anna Jones
(Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Pilot Knob
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 20, 1946, to Aug. 23, 1947, that I last saw h. ls alive on Aug. 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 11 mos.

Due to Arterio sclerosis, general Arterial hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations GBA

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) (c) Means of injury 0

23. Signature Ben W. Bull (M. D. or other) W. D.
Address Ironton, Mo. Date signed 8-28-47

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

7
0
0

RECEIVED

Health Officer No. 4
File Number 947-113
Date Filed 9-6-47

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 Arnell White

Licensed Embalmer No. 3012

P. O. Address Edmonton, W.

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.