

S. No. 2
M-1/47
7. 5-17-39

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5847
Registrar's No. 78

National Office of Vital Statistics
FILED MAR 4 1948
Registration District No. _____

Primary Registration District No. 3056

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution 2015 Ault St
(d) Length of stay: In hospital or institution 30 yrs
In this community 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 2015 Ault St
(e) Citizen of foreign country? no (Yes or No)

3. (a) PRINT FULL NAME Martin Frederick Koblitz
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 22nd
year 1948 hour 2:20 P.M.
21. I hereby certify that I attended the deceased from Feb. 21st 1948 to Feb. 22nd 1948
that I last saw him alive on Feb. 21st 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Koblitz 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased: 3-29-1883
(Month) (Day) (Year)

Immediate cause of death Post Influenza Encephalitis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 33B
Of autopsy _____

8. AGE: Years 64 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Moberly Missouri (City, town, or county) (State or foreign country)
10. Usual occupation auto worker

MOTHER FATHER
11. Industry or business _____
12. Name Herman Koblitz
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Koblitz
(b) Address Moberly Mo.
17. (a) Burial (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boonville Mo.
18. (a) Signature of funeral director Marion E. Millian
(b) Address Moberly Missouri
19. (a) Feb-24-48 (b) Thos. S. Fleming
(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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Thos. S. Fleming (M. D. or other) _____
Date signed Feb 23

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 348407
Date Filed MAR 2 1948

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 Marion E. Million
Licensed Embalmer No. 3957
P. O. Address Moberly 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.