FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 23 1948
Registration District No. 172

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5640

State File No. 23441
Registrar's No. 44

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville, Davis Tw ship
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Emelie Emstine Bleckschmidt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Fred Bleckschmidt
6. (c) Age of husband ~~or wife~~ if alive 83 years
7. Birth date of deceased Feb. (Month) 3 (Day) 1871 (Year)

8. AGE: Years 77 Months 5 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Carl C. Dallmann 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Wilhemene Fredrieke Dallmann
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Elsie Bleckschmidt
(b) Address Higginsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Higginsville Mo
18. (a) Signature of funeral director C. G. Meinerstragen
(b) Address Higginsville Mo
19. (a) 7-17-48 (Date received local registrar) (b) Clayton W. Landrum (Registrar's signature) 154

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1948 to July 12, 1948 that I last saw her alive on July 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured aneurism	Sudden
Due to Chronic Myocarditis	10 yrs
Due to Chronic Nephritis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature E. M. Moore (M. D. ~~or other~~)
Address Higginsville Mo Date signed 7-16-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-22-48

AUG 10 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 Roy J Wiegen

Licensed Embalmer No. 2883

P. O. Address Higginsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.