

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42178
Registrar's No. 27

FILED DEC 17 1948

Registration District No. 530

Primary Registration District No. 6112A

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Aneekh
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Abhog kife years, months or days

3. (a) PRINT FULL NAME

Otto Bhattel

3. (b) If veteran, name war No

3. (c) Social Security No. 703-01-5662

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Adahine Bhattel

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan. 22, 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Kekso Twp. Scott Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Car Repairman

11. Industry or business

12. Name Jacob Bhattel

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

14. Maiden name Philamine Ghasatter

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

16. (a) Informant Mrs Otto Bhattel

(b) Address Ancell Mo

17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Augustine Kekso Mo

18. (a) Signature of funeral director Bisplinghoff Funeral

(b) Address Illmo, Mo

19. (a) 12-13-48 (b) S. J. S
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Aneekh
(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 Dec day 12
year 1948 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from March 2
1948 to Dec 12, 1948
that I last saw him alive on Dec 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Carcinoma

Duration 30 min.
9 mo.

Due to _____

Due to _____

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

Major findings: 55
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be assigned 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 2

23. Signature Denton Wilson (M. D. or other) D.O.

Address Wright, Mo. Date signed Dec 13, 1948

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

300
47
39
3908

RECEIVED

District Health Office No. 2

District File Number 1648-166

Date Filed 16

DEC 28 1948

JAN 26 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..... *Ollive C. Amick*

Licensed Embalmer No. 4470

P. O. Address..... *Illmo, 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.

Registration District No. 230

Primary Registration District No. 61129

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Amelia
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Otto Blattel

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased: Jan 22 1922
(Month) (Day) (Year)

8. AGE: Years 56 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country) No

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Jan Day 22 Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Carcinoma of the neck
Due apparently originating in
the infra-mandibular
lymph nodes.

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

Major findings: Of operations _____

Of autopsy _____

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)

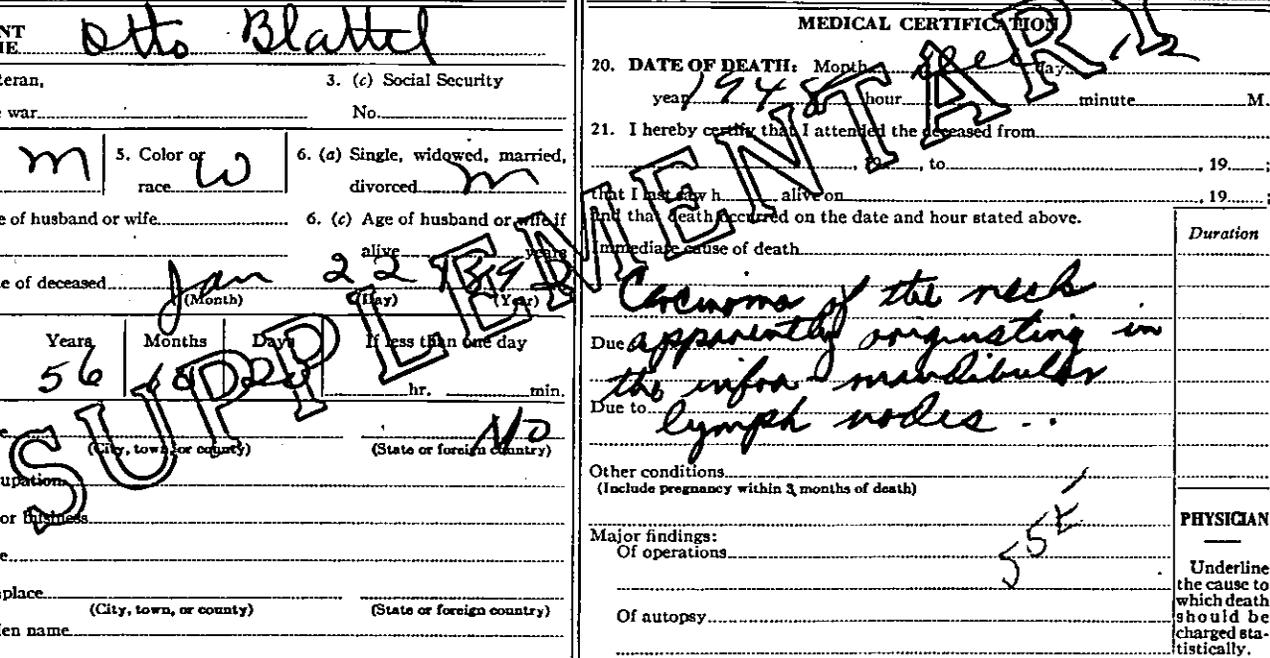
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Penton Wilson (M. D. or other) D.O.

Address Troyfelt Mo. Date signed Dec 27, 1948

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



S-42176