

FILED APR 12 1949

REG. DIST. NO. 70 5280 PRIMARY REG. DIST. NO. 5286 Registrar's No. 14

2300

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

1. PLACE OF DEATH a. COUNTY <u>Clark Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark Co</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Wyaconda</u> c. LENGTH OF STAY (In this place) <u>entire life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wyaconda</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home near Wyaconda, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Wyaconda Twp. 0</u>	
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First) <u>John</u>	b. (Middle)
		c. (Last) <u>Blaettner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 49</u>
5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married (hus)</u>	8. DATE OF BIRTH <u>Oct 11 1862</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR <u>5</u> Months <u>29</u> Days	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <u>Henry Blaettner</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Blaettner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Flora Blaettner, Wyaconda Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Infarctives</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>n94X</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wyaconda Clark Co MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>April 7, 1949</u> , that I last saw the deceased alive on <u>April 6, 1949</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. F. Hutchinson</u>		23b. ADDRESS <u>P.O. Wyaconda MO</u>	23c. DATE SIGNED <u>4-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Keokuk Ia</u>
DATE REC'D BY LOCAL REG. <u>4/9-49</u>	REGISTRAR'S SIGNATURE <u>J. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. V. Baskett</u>	ADDRESS <u>Wyaconda Mo</u>

RECEIVED

District Health Officer No. 1

District File Number 449.6

APR 11 1949

Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer _____

Signed _____

Licensed Embalmer No. 1817

P. O. Address Wyaconda, 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.