No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34431

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 433

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Auto Courts (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community Tourists (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County ..... (c) City or town Mineapolis (If outside city or town limits, write "RURAL")

(d) Street No. 3424 N. Humbolt (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country 2

3. (a) PRINT FULL NAME Roland L. Bletsch

3. (b) If veteran, name war .....

3. (c) Social Security No. 350-10-1489

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Helen Bletsch

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Jan. (Month) 20 (Day) 1905 (Year)

8. AGE: Years 36 Months 9 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Cleveland, (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Novelty

FATHER 12. Name William Bletsch

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

MOTHER 14. Maiden name Bertha Simmons

MOTHER 15. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

16. (a) Informant John Bletsch

(b) Address Chicago Ill

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 11-14-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coroners Verdict — Duration

We find that Roland L. Bletsch came to his death from gas fumes and lack of oxygen in the room he was in.

Due to .....

Due to .....

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

Major findings: Of operations .....

Of autopsy None necessary

PHYSICIAN — Underline the cause to which death should be charged statistically.

178 X
16

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Nov. 11, 1941

(c) Where did injury occur? Poplar Bluff Auto Courts (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tourist Cabin (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature agreed W. Greer Coroner (M. D. or other)

Address Poplar Bluff Mo Date signed 11-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1141-1582
Date Filed 11/24/41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff Mo

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

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

. S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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State File No. 34431

Registration District No. 89 Primary Registration District No. 3007 Registrar's No.

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(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 years, months or days)

In this community

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

3. (a) PRINT FULL NAME Roland L. Bletsch

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 (Month) 20 (Day), 1902 (Year)

8. AGE: Years 36 Months 9 Days 2 If less than one day hr. min.

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

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) Removal (Burial, cremation, or removal) (b) Date thereof 11-14-41 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill.

18. (a) Signature of funeral director Greer Gray

(b) Address Poplar Bluff Mo

19. (a) 11-14-41 (Date received local registrar) (b) Belle Rhine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 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 — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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