

FILED AUG 5 1942  
278

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

24140

Registration District No. \_\_\_\_\_

Primary Registration District No. 3015

Registrar's No. 85

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
922 LOCUST STREET 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 54 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town BOONVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 922 LOCUST STREET  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED W. BLECKMANN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife TERESA EPPSTEIN 6. (c) Age of husband or wife if alive DECEASED years  
7. Birth date of deceased DECEMBER 8 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 7 11 hr. min.

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

10. Usual occupation RETIRED FUNERAL DIRECTOR

11. Industry or business MORTICIAN

12. Name JOHN F. BLECKMANN

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name ANN POTTERMAN

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant MISS ANN BLECKMANN

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof JULY 22-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHOLIC CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) July 21-42 (b) Dr Ches Swap  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19  
year 1942 hour 3:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 7/19/42  
\_\_\_\_\_ 19\_\_\_\_, to 7/19 1942  
that I last saw him alive on 7/19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis  
Resum Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 83 f  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M L DeGraeger (M. D. or other) MD  
Address Boonville Mo Date signed 7/21/42

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

1093

CP

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8

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-4-42

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 *James W. Stegner*

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.

920 2 4-12-42