

FILED - F Taylor 1943

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1123 West Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1123 West Main Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elizabeth M. Blochberger

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry J. Blochberger 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased November 10 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Pope

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

14. Maiden name Not known

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

16. (a) Informant Mrs. Lela Reithel

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Frank J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-11-43 (b) Theresa Peltier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1943 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to Jan 10 1943
that I last saw her alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Muscular Fibrillation

Due to _____

Due to _____

Other conditions Myxiprotein with edema
(Include pregnancy within months of death)

Major findings: Of operations glo

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Jefferson City, Mo Date signed 1-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
54

26
54

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 Louis Quert

Licensed Embalmer No. 4096

P. O. Address Jefferson City, 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.