

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH24833  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399  
 (b) Township Tow 1 Primary Registration District No. 1002 Registered No. 3046  
 (c) City Kansas City (d) Street No. 6029 Agnes Ave St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Osie B. Blum  
 (a) Residence, No. 6029 Agnes Ave. K.C. Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Karl Blum  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13-1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 8 16  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

FATHER  
 13. NAME J. T. Davis 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 9

MOTHER  
 15. MAIDEN NAME Amanda Maudslayi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Adolf Suckman  
6029 Agnes Ave. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE 8-1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clinton Mo.

20. FILED July 30 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-39 19

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 7-29-39 at 9:00 P.M. Death is said to have occurred on the date stated above, at 9:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Diabetes mellitus  
Carbuncle of the neck  
Generalized toxemia 59  
 Other contributory causes of importance

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adolf Suckman, M. D.

(Address) Memorial, K.C. Mo.

**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, \_\_\_\_\_

*William C. Shelton*

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *William C. Shelton*

Licensed Embalmer No. *3929*

P. O. Address *Clinton, 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, above space should be left blank.**