. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34319

FILED NOV 1 2 1940

Registration District No. 1399

Primary Registration District No. 1002

Registrar's No. 3835

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 5425 Westover Road (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------- years.

3. (a) PRINT FULL NAME Mr. Richard Leon Blume, Sr.

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 Married

6. (b) Name of husband or wife Mrs. Ione Blume

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April (Month) 1 (Day) 1887 (Year)

8. AGE: Years 53 Months 6 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Lawyer and City Liquor

11. Industry or business Inspector

FATHER
12. Name Unknown Blume
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. R. L. Blume

(b) Address 5425 Westover Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-4-50 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1940 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1940 to Oct 2, 1940 that I last saw him alive on Oct. 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (left)

Due to 82 A

Due to

Other conditions General arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. M. Frankenhuys (M. D. or other)

Address 824 Rialto Bldg Date signed Oct 3 '40

(Licensed Embalmer's Statement on Reverse Side)

824 Grattis Bldg.
906 Grand Avenue
1-4

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 H. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K.C. 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.