

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10050+

Registration District No. 27

Primary Registration District No. 5115C

Registrar's No.

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Mo Baine Mo
 (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 _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 817 Highland
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Louise BLUMER

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 6 1924
 (Month) (Day) (Year)

8. AGE: Years 16 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation In school

11. Industry or business _____

12. Name Terry BLUMER

13. Birthplace St Ordin Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Helen Mae Ingram

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

16. (a) Informant's own signature Terry Blumer
 (b) Address Columbia

17. (a) Burial (b) Date thereof May 23-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R O Willett
 (b) Address Columbia Mo

19. (a) May 27-1941 (b) Mrs James Reed
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
 year 1941 hour 12:50 minute A M.

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

Immediate cause of death M. A. Railroad train and car accident Duration 6

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) accident
 (b) Date of occurrence March 21-1941
 (c) Where did injury occur? Mo Baine Mo at RR crossing
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo Baine Boone Mo
 (Specify type of place) (e) Means of injury _____

23. Signature Wm M Nelson (M.D. or other) _____
 Address Columbia Missouri Date signed 3/27/41

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.....

Howell

Licensed Embalmer No.....

3183

P. O. Address.....

Cheshire

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.