No. 2
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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14465

State File No.

Registration District No. 292 Primary Registration District No. 5410 Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town RURAL Bonn 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 ALL years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town New Haven, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME THEODORE BLOM
3. (b) If veteran, name war ✓
3. (c) Social Security No. NONE
4. Sex O MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Amelia Blom
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May (Month) 18 (Day) 1867 (Year)
8. AGE: Years 73 Months 10 Days 28 If less than one day hr. min.
9. Birthplace Newhaven (City, town, or county) O Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Louis Blom
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Hey Blom
(b) Address Herman Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 (Month) 20 (Day) 41 (Year)
(c) Place: burial or cremation NEW HAVEN
18. (a) Signature of funeral director L. C. FERTIG & SON
(b) Address NEW HAVEN Mo
19. (a) April 20th '41 (Date received local registrar) (b) Jeffie Frammemann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1941 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from
April 11, 1941 to April 17, 1941
that I last saw him alive on April 17, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration	
Due to Mitral Stenosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

9212

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) X
(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?
2 1.5 (Specify type of place)
While at work? (e) Means of injury 2
23. Signature G. W. Held (M. D. or other) D. O.
Address New Haven, Mo Date signed 4/19/41

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.