28010

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 299 Primary Registration District No. 6026 Registrar's No. 20

M—11-10-39
ev. 5-17-39
I X21492

90
0
0

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

1. PLACE OF DEATH:

(a) County Reynolds Co

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

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community about three years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90 0

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Ellen Blummer

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex female

5. Color or race w

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Mike Blummer

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

7. Birth date of deceased Dec. (Month) 16 (Day) 1871 (Year)

8. AGE: Years 70 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Dent Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Jackie Berry
13. Birthplace x (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name Cendia Creasey
15. Birthplace x (City, town, or county) Ky / (State or foreign country)

16. (a) Informant George Kay
(b) Address Greeley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 6/42 (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cem

18. (a) Signature of funeral director [signature]
(b) Address Salem Mo

19. (a) Aug 6-42 (Date received local registrar) (b) Mae Inez Willington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1942 hour 9 minute - A M.

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

Immediate cause of death Old Age Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162 b

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 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1942
RECEIVED

District Health Officer No. 5

District File Number ~~[illegible]~~ 842645

Date Filed 8-20-42

DEC 23 1942

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.

V. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28010

Registration District No. 299 Primary Registration District No. 6024 Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ellen Blummer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

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

7. Birth date of deceased ~~[illegible]~~ 12-16-71
(Month) (Day) (Year)

8. AGE: Years 70 ~~[illegible]~~ Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Aug 6 1942 (Date received local registrar) (b) Mrs Inez Wellington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1942 hour minute M.

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

Immediate cause of death Old age Senility

Due to

Due to

Other conditions
(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?
At Home
(Specify type of place)
While at work? (e) Means of injury Heart attack

23. Signature Mrs Inez Wellington Registrar No Doctor (M. D. or other)
Address Reynolds Mo Date signed 8/6/42

SUPPLEMENTARY

State of Missouri
County of Cole } ss.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of December, 1942 before me appears Addie Blumer, who, upon her oath, states that the original record of ~~birth~~ death for Ellen Blumer, ~~born~~ died Aug 6, 1942 in the State of Missouri, and which was filed at Jefferson City, Mo. on Aug 6, 1942 should be corrected as follows:

Item No. 7 should read Dec. 16 - 1871
Instead of unknown

Item No. 8 should read 70 yrs - ~~Mo~~ - 7 mo - 20 da.
Instead of 77 yrs.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Addie Blumer — Daughter-in-law (Relationship.)

418 E. Atchison - Jefferson City Mo. (Present Address.)

Subscribed and sworn to before me this 22nd day of December, 1942

My Commission expires Aug. 18th 1945 — Pauline A. Schmidt, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

STATE SOCIAL SECURITY COMMISSION OF MISSOURI

Reynolds COUNTY

Centerville, MISSOURI

Elizabeth Thomson
COUNTY DIRECTOR

December 19, 1942

Re: Blumer, Ellen

Mrs. Anne Millikan
Social Security Office
Court House
Jefferson City
Missouri

Dear Mrs. Millikan:

We regret that we were so long in getting the desired information but we had difficulty in learning the name of the undertaker who officiated at Mrs. Blumer's funeral.

We were informed that Caleb K. Spencer of Salem, Mo. (Dent County) was the funeral director. We were unable to contact him.

Our records show that Mrs. Blumer's birth date was December 16, 1871 and her age was verified by a census bureau report as of 6-1900, which gave her birth date as December 1871. Mrs. Blumer died August 6, 1942.

Yours very truly,

Elizabeth Thomson

Elizabeth Thomson
County Director