

FILED FEB 11 1946

Registration District No.

Primary Registration District No. 4124

Registrar's No. 21

1. PLACE OF DEATH:

(a) County... Clark

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

(c) Name of hospital or institution:
1
(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... Clark

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... Augusta E. Blum

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan, day 15
year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to Jan 13, 1943
that I last saw her alive on Jan 1, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife... Henry Blum

6. (c) Age of husband or wife if alive... 1955 years

7. Birth date of deceased Feb 1, 1955
(Month) (Day) (Year)

Immediate cause of death... Senility

Due to...

Due to...

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

8. AGE: Years Months Days If less than one day

87 11 14 hr. min.

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

10. Usual occupation... at home

11. Industry or business...

MOTHER FATHER

12. Name... Jacob Wiegner

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

14. Maiden name... Augusta Krikenbaum

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

16. (a) Informant... Arthur Blum

(b) Address... Rahoka, Mo.

17. (a) Burial (b) Date thereof... 1-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... St Pauls Cem.

18. (a) Signature of funeral director... Fred Paul

(b) Address... Rahoka, Mo.

19. (a) 2-5-43 (b) Perry's, Boston
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations...
Of autopsy...

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?

While at work? (Specify type of place) (e) Means of injury...

23. Signature... [Signature] M. D. (Attending Physician)
Address... Rahoka, Mo. Date signed...

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3-0-1

1075

STATE HEALTH DEPT

RECEIVED

District Health Officer No. 10

District File Number 2-43-206

Date Filed SEP 9 1949

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 Fred J. Karle
Licensed Embalmer No. 1023
P. O. Address Kahoka, 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.