

FILED AUG 12 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25400

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Smithton Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Smithton Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 34 years (Specify whether years, months or days)  
In this community 34 years

3. (a) PRINT FULL NAME

Lilia BLUM

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married married

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased \_\_\_\_\_

(Month) 6 (Day) 24 (Year) 1880

8. AGE:

Years

Months

Days

If less than one day

64

26

hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Pettis Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Herman Kahrs

13. Birthplace

Pettis Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name

Anna Renger

15. Birthplace

Pettis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant

Curtis Blum

(b) Address

Smithton Mo

17. (a)

(Burial, cremation, or removal)

Smithton Mo

(c) Place: burial or cremation

Smithton Mo

18. (a) Signature of funeral director

A. F. Neunmeyer

(b) Address

Smithton Mo

19. (a)

(Date received from registrar)

7-29-44

(b) Anna Renger

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Smithton Rural  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 19, 1944, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in her home. Evidently died from coronary occlusion  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94a

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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? 9  
(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 3

23. Signature W. J. Bishop (M. D. or other) Coroner  
Address Sedalia Mo Date signed 7-20-44

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

RECEIVED  
District Health Officer No. 8  
District File Number 3-90-112  
Date Filed SEP 12 1944

SEP 12 1944

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### 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 A. F. Neumeier  
Licensed Embalmer No. 3912  
P. O. Address Smithton 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.