

**FILED** SEP 12 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. **4124**

**1. PLACE OF DEATH:**

(a) County Clark  
(b) City or town Kahoka  
(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

**3. (a) PRINT FULL NAME**

John H. Blum

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race W.

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 Sept (Month)

4 (Day) 1862 (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>4</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

**11. Industry or business**

**MOTHER FATHER**

12. Name Jacob Blum  
13. Birthplace Germany (City, town or county) (State or foreign country)  
14. Maiden name Catherine Wiesner  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant John B. Blum  
(b) Address Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paula Cemetery  
Fred Thaler

18. (a) Signature of funeral director Fred Thaler  
(b) Address Kahoka Mo.

19. (a) 4 15 1945 (Date received local registrar) (b) J. N. Bridges M.A. (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clark 23  
(c) City or town Kahoka (If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 11<sup>th</sup> year 1945 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb. 1 - 1945 to 2/11-45 that I last saw h. \_\_\_\_\_ alive on Feb. 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Removal of the stomach Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

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? \_\_\_\_\_ (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 \_\_\_\_\_ (c) Means of injury 0

23. Signature J. P. Bridges (M. D. or other) \_\_\_\_\_  
Address Kahoka Mo. Date signed \_\_\_\_\_

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

**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.**