

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14037

State File No.

FILED MAY 16 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Bathwell 0  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 11 hrs 38 min  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

TERRY ALAN Bluhm  
Baby Bluhm

3. (b) If veteran,  
name war.

3. (c) Social Security  
No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,  
divorced 0  
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if  
alive 0 years  
7. Birth date of deceased 4 - 15 - 46  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 hr. 38 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name Bernard Bluhm 0  
13. Birthplace Smithton Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Marlene Street  
15. Birthplace Clifton City Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Phil Street  
(b) Address Clifton City Mo  
17. (a) Burial (b) Date thereof 4-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Cemetery  
(d) Signature of funeral director A. F. Neumann  
(b) Address Smithton Mo  
19. (a) 4-23-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

251

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Smithton 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15  
year 1946 hour 10 minute 15 P M.  
21. I hereby certify that I attended the deceased from 9:30 am  
4-15 1946, to 10:15 pm 4-15 1946  
that I last saw him alive on 4-15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Patent foramen ovale  
Duration

Due to  
Due to

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

1572

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 W. Boger (M. or other)  
Address Sedalia Mo Date signed 4-16-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 5-14-46

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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. Kemmerer*

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.