

No. 2  
1-5-43  
5-17-39  
I X36671

State File No. \_\_\_\_\_  
Registrar's No. 122

**FILED** MAY 16 1946  
Registration District No. 274

Primary Registration District No. 3052

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

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 years, months or days)

In this community \_\_\_\_\_

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 \_\_\_\_\_

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

7. Birth date of deceased 4 - 15 - 46  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>11 hr. 38 min.</u>

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 Margue 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

18. (a) Signature of funeral director A. F. Neimeyer

(b) Address Smithton mo

19. (a) 4-23-46 (b) Beth Yeager  
(Date received local registrar) (Registrar's signature)

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(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. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (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 h. alive on 4-15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Patent foramen ovale

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

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

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

157e

Duration \_\_\_\_\_

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 J. W. Boger M.D. (M.D. 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.