No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

980

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 114

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or ~~institution~~: TRINITY LUTHERAN HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 WEEKS (Specify whether
In this community 6 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State CALIFORNIA (b) County LOS ANGELES 999 4/0

(c) City or town LOS ANGELES
(If outside city or town limits, write "RURAL")

(d) Street No. 823 - SOUTH UNION AVENUE 2
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country GERMANY

3. (a) PRINT FULL NAME MR. JOHN C. BLOEMER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of ~~husband or~~ wife MRS. ANNA BLOEMER

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

7. Birth date of deceased DECEMBER (Month) 30 (Day) 1868 (Year)

8. AGE: Years 78 Months 0 Days ~~10~~ 9 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business UNION PACIFIC R. R.

FATHER
12. Name CARL BLOEMER 4
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name KATHERINE SIEMER 4
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS DON McGUIRE
(b) Address 1511 VIRGINIA AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN-11-1947 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ OMAHA, NEBRASKA

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 1-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 9TH year 1947 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from October 22, 1946, to January 9, 1947; that I last saw him alive on January 9, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Pancreas c̄ abdominal metastases	5 mos.
Due to	
Due to 46 g	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation Carcinoma of Pancreas Mayo Clinic - Nov. 1946.
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? (e) Means of injury 0

23. Signature Joseph E. Weber (M. D. or other) MD.

Address 836 Prof. Bldg. Kansas City Mo. Date signed 1/10/47

(Licensed Embalmer's Statement on Reverse Side)

10-1d

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.