

Registration District No. 749

Primary Registration District No. 1002

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:  
2518 Charlotte /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME JOHN F. BLUM

3. (b) If veteran, name war no  
3. (c) Social Security No. 486-03-9404

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Frances Clara Blum  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Aug 28 1890  
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Kansas City Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

12. Name Fred Blum

13. Birthplace Beulah Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth 1344

15. Birthplace Keokuk Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Blum

(b) Address 723 Monroe

17. (a) Burial (b) Date thereof Sept 30 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.A. Heisen

(b) Address 2512 Holmes

19. (a) 9-29-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2518 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1947 hour 1245 minute PM.

21. I hereby certify that I attended the deceased from Dec 20 1946 to 9-29 1947  
that I last saw him alive on 9-10 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Ca of Stomach & Hemorrhage  
Duration \_\_\_\_\_

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

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

Other conditions primary in stomach  
(Include pregnancy within 3 months of death)

Major findings: Ca of stomach & pancreas  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M.D. or other)

Address 303 Arthur Ave Date signed 9-29-47

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

MOTHER FATHER

16.11.1971  
1874  
of  
con  
on

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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..... *P. A. Heisen*

Licensed Embalmer No. *2361*

P. O. Address *2512 Holmes St.*

**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.**