

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20205**
2502

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Concordia		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital				d. STREET ADDRESS (If rural, give location) R 7 D no 3			
3. NAME OF DECEASED (Type or Print) Anna		a. (First)		b. (Middle)		c. (Last) Blahn	
4. DATE OF DEATH		(Month) 6		(Day) 5		(Year) 50	
5. SEX fe		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-16-1859	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Concordia, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. a	
13a. FATHER'S NAME Super Walkenhout		13b. MOTHER'S MAIDEN NAME Wilhelmina Meyer		14. NAME OF HUSBAND OR WIFE John Blahn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Glover Blahn ADDRESS Concordia Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of left femur from a fall at home. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. 90 years old.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 3 mos 10 9 1/2 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No Surgery.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Concordia Lafayette Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 4 1950 12:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall in home			
22. I hereby certify that I attended the deceased from 6-4 , 19 50 to 6-5 , 19 50 , that I last saw the deceased alive on 6-5 , 19 50 , and that death occurred at 6:25 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE G. A. Fovlovice (Degree or title)				23b. ADDRESS 25 E 12th St Kemo		23c. DATE SIGNED 6-5-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-5-50		24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery		24d. LOCATION (City, town, or county) (State) Concordia Mo.	
DATE REC'D BY LOCAL REG. 6-5-50		REGISTRAR'S SIGNATURE Staldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J W Wagner ADDRESS K C Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Alvin R. Haunsche

Licensed Embalmer No. *4159*

P. O. Address. *K. C. 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.