

0808 13510
State File No.

FILED APR 26 1951

BIRTH NO. _____		REG. DIST. NO. <u>214</u>		PRIMARY REG. DIST. NO. <u>272</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blackwater</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Pettis Co Blackwater</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>Sweet Spring Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>A.</u> c. (Last) <u>BLUM</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 9-51</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr 16-1888</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>11</u>		11. DAYS <u>24</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 MONTH IF UNDER 1 DAY <u>62</u> <u>11</u> <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during normal working life, when if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Louis Blum</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhemine</u>		14. NAME OF HUSBAND OR WIFE <u>Christine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-14-784</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Christine Blum Sweet Spring Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>50</u> , to <u>4-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>51</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph H Jones</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Sweet Spring, Mo</u>		23c. DATE SIGNED <u>11 Apr 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-11-1957</u>		REGISTRAR'S SIGNATURE <u>A. B. Campbell M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. F. Hennessey Smithton Mo</u>			
(Licensed Embalmer's Statement on Reverse Side)							

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-25-51 _____

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 A. F. Nemmyer

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.