

MAR 17 1941

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Clinton General O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 hours
(Specify whether)
 In this community life
years, months or days

3. (a) PRINT FULL NAME Marilynn Sus Blum Host

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 24 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace: Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Kenneth Blumhost

13. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

14. Maiden name Violet Pearl King

15. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Blumhost
 (b) Address Clinton mo

17. (a) Burial (b) Date thereof 2-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Carroll + Beck
 (b) Address _____

19. (a) 2-20-41 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 731 E Lincoln
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1941 hour 2 minute 30 AM

21. I hereby certify that I attended the deceased from Feb-10 1941 to Feb-13 1941;

that I last saw her alive on Feb-12 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature James O Smith (M. D. or other) MD
 Address Clinton Mo Date signed 2-14-41

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

42
1
2

42

2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

601

RECEIVED
DISTRICT HEALTH OFFICER NO. 7
DISTRICT FILE NUMBER
DATE FILED

RECEIVED
District Health Officer No. 7,
District File Number 3-41-399
Date Filed 3-4-41

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 J. E. Consolini
Licensed Embalmer No. 1891
P. O. Address Clinton

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7045
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township _____ Primary Registration District No. 3018 Registered No. _____
 (c) City Clinton (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Marilynn Sue Blumhoo
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1941

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Brocho pneumonia
No complications
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) James O. Smith, M. D.

(Address) Clinton Mo

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTAL

James O. Smith (M.D.) Clinton Mo

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews, while secondary data was obtained from existing reports and databases.

The third section provides a detailed description of the data analysis process. This involves identifying patterns, trends, and correlations within the data set. Statistical tools and software were used to facilitate this process, ensuring that the results are both accurate and reliable.

Finally, the document concludes with a summary of the findings and their implications. It highlights the key insights gained from the study and offers recommendations for future research and practice. The author notes that while the current study provides valuable information, further exploration is needed to fully understand the underlying factors influencing the results.