

086'D SEP 15 1938

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

28494  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 26  
(b) Township Salt River Primary Registration District No. 5034  
(c) City Molveno Mo (d) Street No. R 7 D Registered No. 130  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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

U 50 John William Blum  
(a) Residence, No. Molveno Mo R 7 D 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16 - 1965  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 X 14  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Andrew Co., Mo.

FATHER 13. NAME John Blum Sr.

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

MOTHER 15. MAIDEN NAME Louisa R. Blum

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Co., Mo.

17. INFORMANT (ADDRESS) J. E. Blum

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood buried Aug 31 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hester 1102 Mexico Mo

20. FILED Aug 31 1939 Blanche Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1939

22. I HEREBY CERTIFY, that I attended deceased from Aug 4 1939 to Aug 30 1939  
I last saw him alive on Aug 27 1939 Death is said to have occurred on the date stated above, at 11:55 AM.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestine & Rectum  
Primary Seat Rectum

Other contributory causes of importance: 46

Name of operation none Date of 1939  
What test confirmed diagnosis phys findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury 1939  
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? no  
If so, specify no  
(Signed) H. H. Hester M. D.  
23 (Address) Mexico Mo

WRITE PLAINLY, 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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5010-1-12-38 I X14023

RECEIVED

District Health Officer No. 10

District File Number 9-89-1574

Date Filed SEP 8-1939

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 Roy A. McHester

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed McHester Bros

Licensed Embalmer No. 1133

P. O. Address Mexico 740

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.