DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20897

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2514

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: 3745 Brooklyn (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 25 years.

In this community 25 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3745 - Brooklyn (If rural, give location)

(e) If foreign born, how long in U. S. A.? 25 years.

3. (a) PRINT FULL NAME Maria C. Blohm (Maria C. Blohm 45)

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Blohm

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb (Month) 4 (Day) 1885 (Year)

8. AGE: Years 46 ~~55~~ Months 4 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation House-Wife.

11. Industry or business

12. Name No-Record.

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

14. Maiden name Bertha Dornoker

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

MOTHER FATHER

16. (a) Informant's own signature H. Blohm

(b) Address 3745 Brooklyn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bergman Fun Home

(b) Address 4306 - Milbrook

19. (a) June 20, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from ___, 19__ to ___, 19__; that I last saw h[illegible] alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Acute

Due to Coronary Atteroma & Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell W. Lee (M. D. or other)

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address Kan City 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, above space should be left blank.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 20977/40

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2514

On this 30th day of June, 1954, before me appears Helen Ellis Blohm, who, upon her oath, states that the original record of ~~birth~~ death for Maria C. Blohm, ~~born~~ died 6-18-, 1940, in the State of Missouri, and which was filed at Kansas City, Mo on 6-20-, 1940, should be corrected as follows:

Item No. 6c should read 46 years

Instead of 56 years

Item No. ..... should read .....

Instead of .....

Item No. ..... should read Verified by death record of Herman

Instead of Edward Blohm 1-14-52 K.C. Mo.

Item No. ..... should read file # 867-52 also by naturalization

Instead of papers of Herman Edward Blohm

Item No. ..... should read dated 11-10-44 # 6268712

Instead of Petition # 10526 granted in K.C. Mo.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Helen Ellis Blohm
2nd wife of Herman C. Blohm Relationship.
2600½ E. 31st St K.C. Mo.
Present Address.

Subscribed and sworn to before me this 30th day of June, 1954.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Form V. S. 460