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FILED JUL 10 1944

Registration District No. 10

Primary Registration District No. 3002

3002

92

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Andrew, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrew Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Aux Vasse Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Addison Franklin Blunn

3. (b) If veteran, name war ✓

3. (c) Social Security No. X

4. Sex M

5. Color or race white

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

6. (b) Name of husband or wife Elsie

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug 17 1891
(Month) (Day) (Year)

8. AGE:

Years 52 Months 10 Days 3

If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

12. Name John F. Blunn

13. Birthplace Callaway Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Betty Simpson

15. Birthplace Callaway Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Blunn
(b) Address Aux Vasse, Mo

17. (a) Burial (b) Date thereof June 22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aux Vasse Mo

18. (a) Signature of funeral director Hughes Manekin
(b) Address Aux Vasse, Mo

19. (a) 6/20/44 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1944 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 16 1944 to June 20 1944
that I last saw him alive on June 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever

Due to _____
Due to _____

Other conditions Chronic typhoiditis
Pulmonary adenoma

Major findings: none

Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no

(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)
(c) Means of injury _____

23. Signature H. C. Trasher (M. D. or other) _____
Address Mexico Mo Date signed 6/20/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

APR 17 1945

RECEIVED

District Health Officer No. 10

District File Number 7-44-1231

Date Filed JUL 8 1944

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 Hughes Mansun

Licensed Embalmer No. 2358

P. O. Address Aux Vasse, 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.