

FILED NOV 20 1947
Registration District No.

Primary Registration District No. 3046

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo, Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 719 E High St
(If not in hospital or institution, write street number or location)
(d) Length of stay: Life (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Julia E. Blumstingel

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

5. Color or White
4. Sex Female race
6. (a) Single, widowed, married, Widowed
divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased Sept 17 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 19 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name G. A. Burkhardt

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

14. Maiden name Emma Kerr

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

16. (a) Informant Shirley R. Blumstingel

(b) Address Kansas City, Mo

17. (a) Burial (b) Date thereof Nov. 6. 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt, Calif

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) 11-5-47 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 719 E High St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1947 hour 3 minute 30 p.m.

21. I hereby certify that I attended the deceased from Nov. 7, 1947 to Nov. 4, 1947.
that I last saw her alive on Nov. 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-ar Cranial
Hemorrhage

Due to Arteriosclerosis

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature J. P. Burke (M. D. or other)

Address California, Mo Date signed 11/5/47

Duration

34 hr.

74 hr.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MAR 9 1949

Date Filed

NOV 19 1947

District File Number

District Health Officer No.

RECEIVED

APR 16 1953

FEB 2 1956

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 me

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

Signed

Earl R. Boulton

Licensed Embalmer No.

2126

P. O. Address

California 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.