

DEC'D AUG 7 1939

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

24420  
Do not write in this space.**1. PLACE OF DEATH**

(a) County Jackson, Registration District No. 399  
 (b) Township Kaw, Primary Registration District No. 1002 Registered No. 2633  
 (c) City Kansas City, Mo. (d) Street No. 3236 East 28th St., St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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** 420 Abram J. Bliss,

(a) Residence, No. 3236 East 28th St., St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mon 14, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
93 3 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired, writer

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) Massachusetts.

FATHER 13. NAME Samuel Bliss,

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT H. Samuel Bliss (Son)  
 (ADDRESS) 3236 East 28th St., K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE White Cloud, Kans DATE July 2 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure,  
 (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED July 1, 1939 M. M. Crome  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1939.

22. HEREBY CERTIFY, That I attended deceased from Jan 20, 1939 to July 1, 1939

I last saw him alive on June 20, 1939 Death is said to have occurred on the date stated above, at 1:45 a. m.

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

Arterio sclerosis before 1934  
Terminal Pneumonia  
Broncho  
10. P. C.

Date of onset  
June 25

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Bedside Was there an autopsy? No

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) Joseph A. Brown, M. D.

(Address) 1001 1/2 E. 28th St.

Dr. Richardson.

1000 Richardson

**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 E. M. Plauff

Licensed Embalmer No. 1848

P. O. Address Kansas 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.**