

NOV 24 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36933

State File No.

Registration District No. 700

Primary Registration District No. 5929

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Polk  
 (b) City or town Walnut Grove, RS Jackson  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ (Specify whether)  
 years, months or days

3. (a) PRINT FULL NAME Etta Emily Bloomer 456

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. K. Bloomer 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb 11 1876  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name John Watson  
 { 13. Birthplace Ill. Ill.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Malloy Malloy  
 { 15. Birthplace Ill. Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Bloomer

(b) Address Walnut Grove, RS

17. (a) Burial (b) Date thereof Oct 12 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn West Grove

18. (a) Signature of funeral director Gene Miller

(b) Address Walnut Grove, Mo

19. (a) Oct 16 - 1939 (b) Gene Miller  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk  
 (c) City or town Walnut Grove, RS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th,  
 year 1939. hour 11 minute 45 P: M.

21. I hereby certify that I attended the deceased from Oct 4th, 1939 to Oct 10th, 1939;

that I last saw her alive on Oct 10th, 1939.

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

Due to Flu and exposure

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. J. Barber (M. D. or other) \_\_\_\_\_  
 Address Walnut Grove, Mo. Date signed \_\_\_\_\_

WHILE 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.

11-10951

RECEIVED

District Health Officer No. 7/1

District File Number 11-39-~~256~~

Date Filed 11-10-39

**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 *Gene A. [Signature]*

Licensed Embalmer No. 7664

P. O. Address *Wilmington, N.C.*

**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.**