

No. 2
-11-10-39
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1482

11967
State File No. Sup of 7691-40
Registrar's No. 5998

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH: Pettus Sedalia

(a) County Pettus
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bathwell Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether _____)

In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME Wm John Bloss
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 alive _____ years

7. Birth date of deceased Oct-40 1879
 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 0 or less than one day
 hr. _____ min. _____

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

10. Usual occupation Railroad Express

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Bloss
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Dittmer
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Lea Bloss
 (b) Address Sedalia

17. (a) Burial (b) Date thereof 3-12-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros
 (b) Address Sedalia

19. (a) 3-12-40 (b) Mo H. Ineed
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettus
 (c) City or town Sedalia
 (If outside city or town limits write "RURAL")
 (d) Street No. 108 W Jefferson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
 year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 8
1940 to Mar 10, 1940
 that I last saw him alive on Mar 10, 1940
 and the death occurred on the date and hour stated above.

Immediate cause of death _____
Gastric Perforation

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy no

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 Phas McNeil (M. D. or other) _____
 Address Sedalia Date signed 3/14/40

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-11-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11967
Registrar's No. 98

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH

(a) County Pettis

(b) City or town Seadalia
(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 Wm John Blues

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased Oct 4 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>63</u>	<u>5</u>	<u>56</u>

_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-12-1940 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)

5-8-1940

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

20. DATE OF DEATH Month Mar day 10
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

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? _____

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

23. Signature Chas McNeil (M. D. or other) _____

Address Seadalia Mo Date signed _____

SUPPLEMENTAL

5-7691