

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32562

State File No. _____

Registration District No. 55

Primary Registration District No. 4325

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Merceft
(b) City or town Mercer
(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 76 Years (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Nellie Ethaline Bloom

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife DE B. Bloom 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 19 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 6 If less than one day
hr. _____ min. _____

9. Birthplace Decatur County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Nelson Reed

MOTHER FATHER { 12. Name not known
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Richardson
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant J B Bloom

(b) Address Mercer Mo.

17. (a) Burial (b) Date thereof 9/26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlepoint Cemetery

18. (a) Signature of funeral director O O Greenlee

(b) Address Lineville Iowa.

19. (a) Oct 3 - 1940 (b) S. P. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Mercer
(a) State _____ (b) County _____
(c) City or town Mercer
(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 Sep't day 25
year 1940 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept. 13, 1940, to Sept. 23, 1940
that I last saw her alive on Sept. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to hyper-tension

Due to § 2 B

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? 4 A 2

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

23. Signature Elyon J. Aptell (M. D. or other) DA

Address Princeton Date signed 9-28-40

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 _____

Ames L. Greenlee L.E. 3967 _____, Registered Apprentice No. _____
working under my personal supervision.

Signed O. O. Greenlee _____

Licensed Embalmer No. 872 _____

P. O. Address Linerville Long _____

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.