. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
Bureau of Vital Statistics
FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36255

Registration District No. 774 Primary Registration District No. 4465 Registrar's No. 995

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Flat River Mo.
(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 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois

(c) City or town Flat River Mo
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Vadyr Mary Bloom

8. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ Louie

6. (c) Age of ~~husband~~ or wife if alive years

7. Birth date of deceased Oct (Month) 1 (Day) 1909 (Year)

8. AGE: Years 30 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Lawrence Burgess

13. Birthplace New Cape Girardeau, Mo (City, town, or county) (State or foreign country)

14. Maiden name O K

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

16. (a) Informant Louie Bloom

(b) Address Herculaneum Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-40 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Chestnut Ridge

18. (a) Signature of funeral director Caldwell Bros

(b) Address Flat River Mo

19. (a) 9/20/40 (Date received local registrar) (b) C B Farrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1940 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept. 18, 1940, to Sept. 18, 1940, that I last saw him alive on Sept. 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Post Partum Hemorrhage, — Duration 1 hr.

Due to Unknown. 14 HB

Due to

Other conditions / convulsions during delivery.
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. L. Walters (M. D. or other)

Address Farmington Mo Date signed 9-20-40

(Licensed Embalmer's Statement on Reverse Side)

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.