No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 5914

Registrar's No. 174

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph, City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1220 North 3rd. Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 34 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 North 3rd. Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Oscar Theodore Bloomer,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie O. Bloomer,

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 18th. 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	9	1	____ hr. ____ min.

9. Birthplace Washington Court House, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Physician,

11. Industry or business Medical,

MOTHER FATHER
12. Name William Joseph Bloomer,
13. Birthplace Unknown, Ohio, (City, town, or county) (State or foreign country)
14. Maiden name Mary Catherine Patton,
15. Birthplace Unknown, Ohio, (City, town, or county) (State or foreign country)

16. (a) Informant Dr. G. T. Bloomer
(b) Address 1218 North 3rd. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42. (Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton-Beale & Paumier Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) Feb 21 1942 (Date received local registrar) (b) H. Greer Elbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th. year 1942 hour 9:00 minute 16 A.M.

21. I hereby certify that I attended the deceased from June, 1935, to Feb. 19, 1942, that I last saw him alive on Feb. 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis-gen	12 yrs
Due to Cerebral Hemorrhage	7 yrs
" " "	& 5 days
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertrophy of Prostate	20 yrs.

Major findings:
Of operations Adenomatous prostate.
Of autopsy none. 5/P

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 G. T. Bloomer (M. D. or other) MD
Address 1218 N. 3d St. Date signed 2/20/42.

85 (Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 2-19-4

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10 St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.