

No. 2  
1-4-41  
5-17-39  
PI X28390

18884

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 774

Primary Registration District No. 4466

Registrar's No. 19

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: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Flat River, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 Crane St. Flat River, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME loyd Warren Bloom

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 20 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>11</u>	hr. _____ min.

9. Birthplace Flat River, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation chd

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

12. Name Mr. Perry M. Bloom

13. Birthplace Perry County, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Thelma M. Stetson

15. Birthplace Waverly, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Perry Bloom

(b) Address Flat River, Mo.

17. (a) Buried (b) Date thereof May 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K. of P. Cemetery

18. (a) Signature of funeral director Oliver W. Hill

(b) Address 303 Crane St. Flat River, Mo.

19. (a) 5-3-42 (b) Byrdie Bukhman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 20 1942 to May 1 1942 that I last saw him alive on 5. 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis Duration \_\_\_\_\_  
atili's median

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

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

Other conditions (Include pregnancy within 5 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 [Signature] (M. D. or other) MD

Address Flat River, Mo. Date signed 5-2-42

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

254

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 642-731  
Date Filed 6-11-48

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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..... Alvin W. Hood

..... Licensed Embalmer No. 2780

P. O. Address 303 Crown - Flax River, Mo

**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, fact should be so stated above.**