

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Nevada
(b) City or town Nevada City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 613 East Berry St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Earl Francis Bliss

3. (b) If veteran, name war Armed Nav #1
3. (c) Social Security No. 49-07-9129

4. Sex M O 5. Color or race W
6. (a) Single, widowed, divorced, ~~married~~

6. (b) Name of husband or wife Sarah Ruth Bliss
6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 4 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name John Frank Bliss

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

14. Maiden name Rebecca Ferguson

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

16. (a) Informant John Frank Bliss

(b) Address 702 E Cassin

17. (a) Burial (b) Date thereof Oct 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blich Cemetery

18. (a) Signature of funeral director Fanny Fumera
(b) Address Nevada Mo

19. (a) Oct 21 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 702 E Cassin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month October Day 9
Year 1942 hour 5 PM Date - M.

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

Immediate cause of death Multiple cerebral hemorrhages
Due to homicide

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence 10-9-42
(c) Where did injury occur? Nevada Vernon Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Office of junk yard

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

23. Signature Abner Davis (M. D. or other) Coroner
Address Nevada Mo Date signed 10-10-42

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

108
2-1

108
2

1231

NOV 2 1942

OCT 26 1942
OCT 27 1942

RECEIVED

District Health Officer No. 7;

District File Number 10-42-1129

Date Filed 10-26-42,

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 Mike E. Ferry
Licensed Embalmer No. 1432
P. O. Address Neveda 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.