

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 137

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

58
2

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McLarney Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

(c) City or town Sumner Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Bloss, Jr.

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

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

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

7. Birth date of deceased June 22 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>4</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Near Sumner Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name Ernest Bloss Sr

13. Birthplace Wheeling Mo. _____
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Batye

15. Birthplace Sumner Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest Bloss

(b) Address Sumner Mo.

17. (a) Burial (b) Date thereof 11/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumner Mo

18. (a) Signature of funeral director J. L. Shepard

(b) Address Mendon, Mo

19. (a) 11-24-1942 (b) W. W. Cowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th 1942
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 18 1942 to Nov 19 1942
that I last saw him alive on Nov. 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis (General) Duration 2 da

Due to Following intestinal distention due to adhesion following 8 year op. appendix

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: 25 Gls + Cult

Of operations _____

Of autopsy none

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 W. W. Cowan (M. D. or other) _____
Address Brookfield, Mo Date signed 11/22/42

NOV 12 1946

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. 3970

P. O. Address. Mendon 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.