

FILED JAN 6 1943
Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 182

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Rural Washburn Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hosp. No. 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo - 14 da
 (Specify whether) Same time
 In this community Same time
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stone
 (c) City or town Crane
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 2
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Zenas William Bliss
 3. (b) If veteran, name war unk. 3. (c) Social Security No. —

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 26
 year 1943 hour 12 minute 50 P. M.
 21. I hereby certify that I attended the deceased from 11-12-1943
 to 12-26-1943
 that I last saw him alive on 12-26-1943
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, separated Separated
 6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive unk. years
 7. Birth date of deceased: July (Month) 3 (Day) 1901 (Year)

Immediate cause of death:
Psychosis with ductile meningio-encephalitis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
30 P.
 Of operations _____
 Of autopsy _____

8. AGE: Years 42 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: Garner (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Kaboo

11. Industry or business _____

12. Name Herbert A. Bliss

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

14. Maiden name Jane Agnes Patterson

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

16. (a) Informant Hospital Records
 (b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Hospital Cem.

18. (a) Signature of funeral director Paul Eichinger
 (b) Address Nevada Mo.

19. (a) 12-29-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

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 R. B. Reston M.D. (M.D. or other) _____
 Address State Hosp. 3 Nevada Mo. Date signed 12-26-43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

1881

RECEIVED

District Health Officer No. 7;

Case No. 12-43-1413

1-5-44

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.