S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 737

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18314

State File No.

Primary Registration District No. 3028

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 918 Olive St. 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 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 918 Olive St.
(If rural, give location)

(e) Citizen of foreign country? No 3 (Yes or No)

If yes, name country - - - 0

3. (a) PRINT FULL NAME Clara Louise Bliss

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife - - -

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

7. Birth date of deceased April (Month) 12 (Day) 1876 (Year)

8. AGE: Years 68 | Months 0 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Cozenovia (City, town, or county) New York (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business None

FATHER
12. Name Adelbert S. Bliss
13. Birthplace Cozenovia (City, town, or county) New York (State or foreign country) 1

MOTHER
14. Maiden name Sarah Rose Perry
15. Birthplace Madison County (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Gerald Bliss
(b) Address 918 Olive, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) May 5 '44 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1944 hour 7 minute 0 A.M.

21. I hereby certify that I attended the deceased from Oct. 4, 1943, 19__, to May 3, 1944
that I last saw her alive on May 3, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cachexia	3 mos
Due to: Carcinoma of breast with metastases to chest wall & abdomen	3 yrs.
Other conditions (Include pregnancy within 3 months of death): Hypertension	10 yrs.

Major findings:
Of operations 50
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Emery J. McIntosh (M. D. or other) MD
Address Carthage Mo. Date signed MAY 1944

(Licensed Embalmer's Statement on Reverse Side)

44-5-455

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.....Emm L Kneel

Licensed Embalmer No.....391

P. O. Address.....Carthage

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.