V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21519

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 537

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Walnut Grove R2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 27 1

3. (a) PRINT FULL NAME Sherman Lenard Bloomer

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

4. Sex Male — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah May Trost — 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April (Month) 14 (Day) 1892 (Year)

8. AGE: Years 52 Months 2 Days 13 — If less than one day ..... hr. ..... min.

9. Birthplace Polk Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Tivis Bloomer
13. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Harriett Jones
15. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Sarah May Bloomer
(b) Address Walnut Grove, R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Gene A Brim
(b) Address Walnut Grove Mo.

19. (a) 6-28-44 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day June year 1944 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from June 24 1927 to June 27 1944 that I last saw him alive on June 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis — Duration

Due to Ruptured Gangrenous

Due to Appendix

Other conditions 121.1
(Include pregnancy within 3 months of death)

Major findings:
Of operations Abdomen full free pus. appendix ruptured & gangrenous
Of autopsy Bowel inflamed

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 Hallis Smith (M. D. or other) MD
Address Springfield Mo. Date signed 6-27-44

444 (Licensed Embalmer's Statement on Reverse Side)

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 Roy A. Baum

Licensed Embalmer No. 1763

P. O. Address Springfield Ga

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.