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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25166

FILED AUG 8 1944

Registration District No. 208

Primary Registration District No. 5-7-6-1-4320

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra *Liberty Day*

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion *64*

(c) City or town Rural *0*

(If outside city or town limits, write "RURAL")

(d) Street No. Liberty Township (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Arnold Bloomer

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (c) Age of husband or wife if alive 28 years (Day) (Year)

7. Birth date of deceased March 28 1929 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>3</u>	<u>5</u>	hr. min.

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

10. Usual occupation School Boy

11. Industry or business

MOTHER FATHER { 12. Name Edward A. Bloomer

13. Birthplace Marion County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Selma Hostetter

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

16. (a) Informant Edward Bloomer

(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 7/26/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Leona Mason

(b) Address Palmyra, Missouri

19. (a) 7/25/44 (b) Mrs Margaret Maddy (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Result of automobile accident.

Inquest pending.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1700'

Major findings: Of operations _____

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) Accident

(b) Date of occurrence 7/23/44

(c) Where did injury occur? Highway 61 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? No (Specify type of place)

(e) Means of injury Automobile

23. Signature Wm M Smith (M. D. or other) Coroner

Address 902 Broadway Hannibal Date signed 7/24/44

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

4
2
0

1145

(Licensed Embalmer's Statement on Reverse Side)

44

paid note 8-7

JUL 5 1945

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 Leob B. Lewis

Licensed Embalmer No. 2387

P. O. Address Palmyra 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.