

FILED SEP 6 1944

State File No.

Registration District No. 210

Primary Registration District No. 4321

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Mercer  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 80 yrs. 6 Mos. 28 days (Specify whether years, months or days)  
In this community 80 yrs. 6 Mos. 28 days

3. (a) PRINT FULL NAME Dirk Albert Bloom

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Nellie Bloom 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased Jan. 5, 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Mercer County MO. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business

12. Name John Bloom  
13. Birthplace Holland 4 (City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant J. B. Bloom  
(b) Address Mercer, Mo.

17. (a) Burial (b) Date thereof Aug. 6/44 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Middlepoint Cemetery

18. (a) Signature of funeral director C. O. Greener  
(b) Address Lineville Iowa

19. (a) 8-12-44 (b) Evan Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65  
(c) City or town Mercer Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3<sup>rd</sup> year 1944 hour 11<sup>45</sup> minute 11<sup>45</sup> P. M.

21. I hereby certify that I attended the deceased from July 1 1944 to Aug 3 1944  
that I last saw him alive on Aug 3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 4 days  
Due to Hypertension 1 year

Due to 83a1

Other conditions (Include pregnancy within 3 months of death)

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)  
(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 2nd

23. Signature C. J. Laid (M. D. or other) MD  
Address Phillips Mo Date signed 8/6/44

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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.

3967

P. O. Address.....

Linnville, Iowa

**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.**