. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25276

Registration District No. 260 Primary Registration District No. 6223 Registrar's No. 103

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washtn. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 V
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 yr. 3 mo-17 da (Specify whether
In this community Same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence L. Bliss

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased April (Month) 7 (Day) 1866 (Year)

8. AGE: Years 79 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farming & Jeweler

11. Industry or business own

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

MOTHER
14. Maiden name Caroline Pope
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 16 (Day) 1945 (Year)
(c) Place: burial or cremation Clark's Cemetery

18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Mo.

19. (a) 7-14-45 (Date received local registrar) (b) Hazel B. Beurat (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1945 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 6-10-45, 19..., to 7-13-45, 19...;
that I last saw him alive on 7-12-45, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Dementia	
Due to	
Due to	
Other conditions Epilepsy. (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. B. Lester (M. D. or other)
Address Nevada Date signed 7-13-45

1331 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 7-45-759
Date Filed 8-9-45

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 Me

Registered Apprentice No.

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1960

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.