

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution: Nursing Home #4  
(d) Length of stay: In hospital or institution: 15 days  
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(d) Street No. 2nd St  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Charles Bliss

(b) If veteran, name war

(c) Social Security No.

4. Sex M Color W  
5. Color or race W  
6. (a) Single, widowed, married, divorced Y  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
7. Birth date of deceased: February 22 1859

8. AGE: Years 86 Months 6 Days 6  
If less than one day hr. min.

9. Birthplace Wheeling W. Virginia

10. Usual occupation Retired Salesman

11. Industry or business Retired Salesman  
12. Name Timothy W. Bliss  
13. Birthplace Conn.  
14. Maiden name Martha Ouellet  
15. Birthplace Conn.

16. (a) Informant Walter Bliss  
(b) Address Columbus, Mo

17. (a) Burial (b) Date thereof 8-31-45  
(c) Place: burial or cremation Debarne Memorial

18. (a) Signature of funeral director Charles W. Keller  
(b) Address 305 W. 4th St  
19. (a) 8-29-45 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 28 day 28  
year 1945 hour 9 minute 45 P.M.  
21. I hereby certify that I attended the deceased from July 27 1945 to Aug 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobal Pneumonia

Due to

Due to

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

Major findings: Of operations: 108  
Of autopsy

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?  
(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

23. Signature: G. E. Grant (M.D. or other)  
Address: Joplin Mo Date signed 8-29-45

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

19  
2  
5

45-8-672

**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

*Paula Romble*

Licensed Embalmer No. *3590*

P. O. Address *Joplin 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.**