

No. 2  
-1/47  
5-17-39

FILED AUG 28 1947  
Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson Co.**

(b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Research Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **21 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**

(c) City or town **Marshall**  
(If outside city or town limits, write "RURAL")

(d) Street No. **212 East Mitchell**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Roscoe W. Bliss**

3. (b) If veteran **# no** name war.....

3. (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Jessie Graves**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **December 8 1988**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>58</b>	<b>8</b>	<b>4</b>	..... hr. .... min.

9. Birthplace **Cross Timbers Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Live Stock Broker**

11. Industry or business.....

12. Name **Henty Bliss**

13. Birthplace **Alasce Lorraine France**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lavina Marsh**

15. Birthplace **Louisburg Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Roscoe Bliss**

(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **8/14/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marshall, Mo.**

18. (a) Signature of funeral director **J. Leslie Sweeney**

(b) Address **911 Marshall, Mo.**

19. (a) **8-14-47** (b) **Steraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **12** year **47** hour..... minute.....

21. I hereby certify that I attended the deceased from **8-24** 19**47** to **8-12** 19**47** that I last saw him alive on **8-12** 19**47** and that death occurred on the date and hour stated above.

Duration.....

Immediate cause of death **Coronary Heart Failure**

Due to **Wrenia terminal**

Due to.....

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

Major findings: **132**

Of operations.....

Of autopsy **amp**

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 **WAB** (M. D. or other) **0**

Date signed **8/14/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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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.....

P. O. Address.....

**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.