

S. No. 2
1-1/47
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **4284**

FILED OCT 21 1947
Registration District No. **779**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4238 EAST 60TH TERRACE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **63 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 49**

(c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **4238 EAST-60TH TERRACE 8**
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME **Mrs. EMMA JULIA BLOOM**

3. (b) If veteran, name war **No**

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

4. Sex **FEMALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MR. SAMUEL BLOOM**

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

7. Birth date of deceased **AUGUST 29 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	12	hr. min.

9. Birthplace **WASHINGTON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business.

MOTHER FATHER

12. Name **BERNARD J. FRICKE 9**

13. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNIE UNKNOWN 9**

15. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. SAMUEL BLOOM**

(b) Address **4238 EAST-60TH TERRACE**

17. (a) **BURIAL** (b) Date thereof **OCT-11-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **W. H. Newcomer Inc**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **10-11-47** (b) **Alfredine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **10**
year **1947** hour **7** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Sept 5**, 1946 to **Oct 10**, 1947
that I last saw her alive on **Oct 10**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to Chronic Myocardial degeneration	1 yr
Due to
Other conditions (Include pregnancy within 3 months of death)
Medical findings: Uremia due to heart condition
Of operations
Of autopsy 93D

PHYSICIAN
Underline the cause of 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 **Joseph W. Banker** (M. D. number)

Address **4000 Baltimore** Date signed **Oct 10, 1947**

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 Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 4 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.