No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1947

Registration District No. 928

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37689

Primary Registration District No. 2000

Registrar's No. 961

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 37 Years
years, months or days)

2. USUAL RESIDENCE OF DEASCED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1017 W. Division St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James A. Bloom
3. (b) If veteran, name war: none
3. (c) Social Security No.: 493-16-6007
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertha Bloom
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: March 19, 1868
(Month) (Day) (Year)

8. AGE: Years: 79 Months: 7 Days: 18 If less than one day: hr. min.

9. Birthplace: Three Rivers Mich.
(City, town, or county) (State or foreign country)
10. Usual occupation: Retired Mill Right
11. Industry or business: Construction Worker
FATHER
12. Name: Simon Bloom
13. Birthplace: St Joseph County Penn.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Margeret Bramer
15. Birthplace: Three Rivers Mich.
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Bertha Bloom
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-9-1947
(Month) (Day) (Year)
(c) Place: burial or cremation: East Lawn Cem.
18. (a) Signature of funeral director: J. W. Klingner F.D.
(b) Address: Springfield Mo.
19. (a) 11-10-47 (Date received local registrar) (b) W. E. Hanley M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 7, year 1947 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sep 14, 1947, to Nov 7, 1947, that I last saw him alive on Nov 1, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Stomach	16 mos
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: George Bloom (M. D. or other)
Address: Springfield Mo. Date signed: Nov 7-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Hagelbourn

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. 4071

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.