No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38016

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 4895

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether
In this community: 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3521 Smart 8
(If rural, give location)
(e) Citizen of foreign country? [redacted] No (Yes or No)
If yes, name country: 10

3. (a) PRINT FULL NAME: Minna Bliss
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: Fe.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edgar F. Bliss
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Aug. (Month) 15 (Day) 1878 (Year)

8. AGE: Years 69 Months 3 Days 5 If less than one day hr. min.

9. Birthplace: Hamburg (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Henry C. Clasen.
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Christina Schorer
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Edgar F. Bliss
(b) Address: 3521 Smart
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park K.C. Mo.
18. (a) Signature of funeral director: Geo. R. Gent
(b) Address: 203 No. 10th K.C. Kan.
19. (a) 11-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov. day: 20
year: 1947 hour: 9 minute: P. M.
21. I hereby certify that I attended the deceased from Nov. 17, 1947 to Nov. 20, 1947
that I last saw her alive on Nov. 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: See above	

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: 0
23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 11-21-47

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

Dr. McMannis

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 Louis A. Long

Licensed Embalmer No. 3417.

P. O. Address 703 No. 10th K.C. Kan.

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.