

S. No. 2
12-45
5-17-39
1 X47070

FILED APR 26 1948
Registration District No. 291

Primary Registration District No. 4379

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

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

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WARREN EUGENE BLOOMFIELD

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M O 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Laura E. Bloomfield

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 21 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 17 hr. _____ min.

9. Birthplace Galesburg Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business _____

MOTHER { 12. Name Wm. Bloomfield

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Euphania Reed

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Bloomfield

(b) Address Pickering, Missouri

17. (a) burial (b) Date thereof 4/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 4-17-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1, 1948 to April 11, 1948
that I last saw him in alive on April 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation
Pulmonary Edema
Due to Chronic Myocarditis
Chronic Nephritis
Chronic Arthritis

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

Major findings:
Of operations _____

Of autopsy 1310

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. B. Jackson (M. D. or other) _____
Address Maryville, Mo Date signed 4-12-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.