

FILED AUG 3 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 23708

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community 3 years
 years, months or days)

3. (a) PRINT FULL NAME MARY BLISS

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Bliss
 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Jan. 10 1948
 (Month) (Day) (Year)

8. AGE: Years Months Days
63 6 11
 If less than one day
 hr. min.

9. Birthplace Kansas City Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife11. Industry or business Home

MOTHER FATHER { 12. Name Calvin Edgar

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

14. Maiden name Mary Bowman

15. Birthplace County Cork Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant William Bliss(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof July 24 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Hill Cemetery K.C. Mo.

18. (a) Signature of funeral director Price Funeral Home
 (b) Address Maryville, Missouri

19. (a) 7-30-48 (b) Bliss
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Maryville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1948 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from July 17, 1948 to July 21, 1948
 that I last saw her alive on July 21 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Generalized Arterio Sclerosis & Hypertension

Due to _____

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

Major findings:
 Of operations None

Of autopsy _____
 Underline the cause to 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 W.R. Johnson (M. D. number) _____
 Address Maryville, Mo. Date signed 7-22

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..... *John W. Price*.....
Licensed Embalmer No. *4281*.....
P. O. Address..... *Maryville Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.