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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36385**
Registrar's No. **4462**

Registration District No. **149**

Primary Registration District No. **1002**

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: **TRINITY LUTHERAN HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 WEEKS**
(Specify whether
In this community **35 YEARS**
years, months or days)

3. (a) PRINT FULL NAME **MR. FRANS ERIC BLOOMDELL**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **495-03-5296**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MRS. JENNIE BLOOMDELL** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **JANUARY 17 1891**
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **14** If less than one day hr. min.

9. Birthplace **NEAR RALMER SWEDEN**
(City, town, or county) (State or foreign country)

10. Usual occupation **BUS DRIVER**

11. Industry or business **KANSAS CITY PUBLIC SERVICE CO.**

12. Name **FRANS J. BLOOMDELL**

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

14. Maiden name **CHRISTINA UNKNOWN**

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

16. (a) Informant **Mrs. Helen Marie Moyer**

(b) Address **59th St Sterling - Independence, Mo.**

17. (a) **BURIAL** (b) Date thereof **NOV. 2-1949**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FLORAL HILLS CEMETERY**

18. (a) Signature of funeral director **W. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd**

19. (a) **11-2-48** (b) **Alradine Holm**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **INDEPENDENCE 4**
(If outside city or town limits, write "RURAL")
(d) Street No. **59th Y STERLING AVENUE 4**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **SWEDEN**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **31**
year **1948** hour **6** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Pathologist**, 19...
that I last saw him **alive on** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac dilatation +
hypertension
acute nephritis
Cardiac hypertrophy
hypertensive Cardiovascular
Disease**
Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **930**
Of autopsy **None**
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?

While at work? **Jack H. Hill** (Specify type of place) (e) Means of injury **0**
Signature **Jack H. Hill** (M. D. or other) **MD**
Address **Trinity Lutheran Hosp.** Date signed **NOV 4 5**

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

MOTHER FATHER

RECEIVED

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.