

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26044

State File No. ....

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 906

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>2236 Francis Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Bloom</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 26, 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 12 HRS. Hours <u>12</u>	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister Evangelical &amp; Reformed Church Monroe, Wisconsin</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Bloom</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Barner</u>	14. NAME OF HUSBAND OR WIFE <u>Edith L. Bloom</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith L. Bloom</u>	ADDRESS <u>2236 Francis, St. Joseph, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic CA of rt lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 6 months</u> <u>1/6 IX</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of larynx</u>		
	DUE TO (c) <u>Tuberculosis with other cavitations of left lung.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>--</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>--</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>--</u>
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22. I hereby certify that I attended the deceased from 8-5 19 50 to 8-8, 1950, that I last saw the deceased alive on 8-8, 19 50, and that death occurred at 10:45 P. from the causes and on the date stated above.

23a. SIGNATURE <u>Clepton Smith M. D.</u> (Degree or title)	23b. ADDRESS <u>Missouri</u> <u>218 No. 7th St. St. Joseph</u>	23c. DATE SIGNED <u>8-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilton J. H. ...</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 12, 1950</u>	REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u>	382	FUNERAL DIRECTOR'S SIGNATURE <u>Neaton ...</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1950

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.48

BIRTH NO. \_\_\_\_\_  
I. PLACE OF DE \_\_\_\_\_  
S. COUNTY \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Eugene Wood

Signed .....  
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph

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.