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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29522

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 147

1. PLACE OF DEATH:

(a) County. St. Francois
(b) City or town. Warrington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution. Two Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Sidney B. Bloom 453
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex. male 5. Color or race. W 6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife. Etta Duval Bloom 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. May 6 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 10 If less than one day hr. _____ min. _____

9. Birthplace. Perry Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation. Agriculture

11. Industry or business. _____

MOTHER FATHER
12. Name. John Bloom
13. Birthplace. St. Genevieve MO
(City, town, or county) (State or foreign country)
14. Maiden name. Sarah Nations
15. Birthplace. Perry Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant. Etta Bloom
(b) Address. Coffman MO.

17. (a) Burial (b) Date thereof. Aug 19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Warrington, Perry Co.

18. (a) Signature of funeral director. W. J. Robinson
(b) Address. Warrington MO 64781

19. (a) Aug 17-1940 (b) W. J. Robinson
(Determined local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. St. Genevieve
(c) City or town. Saline Township
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1940 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug 15 1940
_____ 1940, to Aug 16 1940
_____ 1940, that I last saw him alive on Aug 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage
Due to Hypertensive Cardiovascular Disease
Due to _____

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

Major findings: Of operations. _____
Of autopsy. _____
PHYSICIAN _____

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) (c) Means of injury _____
23. Signature. Richard Crank (M. D. or other) MD
Address. Warrington, MO Date signed 8-17-40

Duration _____
PHYSICIAN _____
Underline (the cause to which death should be charged statistically).

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

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Nellie Harter

Licensed Embalmer No.

2969

P. O. Address

Farmington 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, above space should be left blank.