

FILED FEB 18 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 121

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

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 Y. M. C. A.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME PAUL S. BLISS
 3. (b) If veteran, name war World 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Apr. 12 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Regional Information Rep.
 11. Industry or business Social Security Board

MOTHER FATHER
 12. Name Alden S. Bliss
 13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
 14. Maiden name Olive Irene Hills
 15. Birthplace Rice Co., Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant E. Raymond Hughes
 (b) Address Markata Minn.
 17. (a) Removal (b) Date thereof 1/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Faribaugh, Minnesota

18. (a) Signature of funeral director Quirk & Tolpin Co
 (b) Address K. C. Mo.
 19. (a) 1-3-41 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. Y. M. C. A.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day - 41
 year _____ hour _____ minute 8:35 A.M.

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw h. Deputy Coroner alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound of the head
 Due to _____
 Due to _____
 Other conditions 164
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 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) suicide
 (b) Date of occurrence 1-1-41
 (c) Where did injury occur? 100 Jackson Ave
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public

While at work? _____ (Specify type of place)
 (c) Means of injury Bullet from
 23. Signature Deputy Coroner (M. D. or other) 3
 Address Markata Date signed _____

JUN 1 1954

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 Charles M. Zurb

Licensed Embalmer No. 3774

P. O. Address PCMO

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.