

S. No. 30
OM-10-47
5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12535
12435
1539
State File No. _____
Registrar's No. _____

FILED APR 17 1948
Registration District No. 949

Primary Registration District No. 1002

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 27 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3918 Mersington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lord Bliss
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6
year 1948 hour 12 minute 48 P.M.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora E. Bliss
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb. 6 1974
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 29 1948 to April 6 1948
that I last saw him alive on April 6 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 2 Days 50
If less than one day hr. _____ min. _____

Immediate cause of death Pernicious anemia
Duration _____

9. Birthplace Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 730

11. Industry or business _____
12. Name Samuel S. Bliss
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lousia Hysner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Dorothy Bliss
(b) Address 3918 Mersington
17. (a) Burial (b) Date thereof 4-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

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? _____

18. (a) Signature of funeral director Stine & McClure
(b) Address Kansas City, Mo.
19. (a) 4-8-48 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Tom W. West (M. D. or other) Med
Address Med. Dir. Gen'l Hosp. Date signed 4-7-48

Dr. Taylor

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 H Reed

Licensed Embalmer No. 3745

P. O. Address IC 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.