

S. No. 2
DM-2-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40960**

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **280**

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
807 Mulberry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 807 Mulberry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wanda Marie Bloomer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 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 Feb. 6 1938
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1945 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12:20 PM Dec 13, 1945 to 4:20 AM Dec 14, 1945; that I last saw her alive on 2:15 AM Dec 14, 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Parotid gland - epiglottic carcinoma meningitis

Due to Influenza with respiratory complications

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Melvin Bloomer

13. Birthplace Huntsdale, Mo. Boone Co. (City, town, or county) (State or foreign country)

14. Maiden name Lee Vaught

15. Birthplace Centertown, Mo. Cole Co. (City, town, or county) (State or foreign country)

16. (a) Informant Melvin Bloomer
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 12-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Mo.

18. (a) Signature of funeral director Victor Briescher
(b) Address Jefferson City, Mo.

19. (a) 12-15-45 (b) A. P. Harris MD
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 336
Of autopsy _____

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) (e) Means of injury _____

Signature Paul P. ... (M.D. or other) Dr. ...
Address 227 Jefferson, Jefferson City Date signed Dec 15 1945

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 12-27-45

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 Victor Buescher

Licensed Embalmer No. 3701

P.O. Address Jefferson 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.