

DEC'D MAR 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6480

Do not use this space.

1. PLACE OF DEATH

(a) County GASCONADE Registration District No. 305
 (b) Township CANAAN Primary Registration District No. W184
 (c) City OWENSVILLE (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME GLEN LAYERN BLEDSOE

(a) Residence, No. OWENSVILLE - CITY St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 29, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 4 23 —

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) OWENSVILLE
 (STATE OR COUNTRY) MISSOURI

13. NAME HARRY O. BLEDSOE

14. BIRTHPLACE (CITY OR TOWN) OSAGE COUNTY
 (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME LELIA SCANTLIN

16. BIRTHPLACE (CITY OR TOWN) ROYAL
 (STATE OR COUNTRY) MISSOURI

17. INFORMANT HARRY O. BLEDSOE
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE OWENSVILLE CITY DATE 2/24/1939
CEMETERY

19. FUNERAL DIRECTOR W. F. Hattenbach
 (ADDRESS) Owensville, Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1939, to 2-22 1939

I last saw him alive on 2-22 1939. Death is said

to have occurred on the date stated above, at 4:56 p.m.

The principal cause of death and related causes of importance were as follows:

1. Pleurisy Without Effusion;
 Right Base Anteriorly
 2. Acute Tonsillitis And
 Pharyngitis.
 3. Pyelitis, ACUTE
 100

Other contributory causes of importance:
 1. Obstinate Constipation
 With Much Gas
 2. Acute Sinusitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Paul Brenner M. D.

(Address) Owensville, Mo.

STATEMENT BY LICENSED EMBALMER

I, Myford Winton, Licensed Embalmer No. 3835
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Myford Winton
Licensed Embalmer No. 3835

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.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6480
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 305-
(b) Township Owensville Primary Registration District No. 4184
(c) City Owensville (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Glen Lavern Bledsoe

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Harvey O. Bledsoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lelina Scanlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Harry O. Bledsoe

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville DATE 2-24-1939

19. FUNERAL DIRECTOR (ADDRESS) W. F. Lottendorf
Owensville Mo

20. FILED 3/4 1939 Rich. S. Barner M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19-1939 to 2-22-1939

I last saw him alive on 2-22-1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

pleurisy without effusion
right base anteriorly
acute tonsillitis and
pharyngitis. Pyelitis
acute
Other contributory causes of importance:
Obstinate Constipation with
much gas. acute sinusitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul Brenner, M. D.
(Address) Owensville Mo

