

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

JUL 12 1940

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

22701  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 763  
(b) Township Butler Primary Registration District No. 6.0.05 Registered No. 9  
(c) City ..... (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

437 Edna R. Bledsoe  
(a) Residence, No. Osceola Mo 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 4 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bridge Builder  
9. Industry or business in which work was done, as saw mill, bank, etc. 55 # 1-500-01-1885 Bridge Field  
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) Missouri 0

FATHER 13. NAME Job Bledsoe 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Argus Bledsoe  
Osceola, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola DATE 6-23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed Hull 160  
Osceola

20. FILED 6/26 1940 Sophia Stratton (Address) Osceola  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1940, to 6-21, 1940.

I last saw h. 6-21 alive on 6-21, 1940. Death is said to have occurred on the date stated above, at 6-21 m. 6-21

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

Accidentally Killed when  
Bridge Field  
1916 Pa  
Date of onset

Other contributory causes of importance: Crushed Chest

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6-21, 1940  
Where did injury occur? 332 Pm - 1st E. of Liberty City  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While repairing bridge  
Manner of injury .....  
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? 5  
If so, specify .....  
(Signed) Ed Hull Coroner  
Osceola

RECEIVED

District Health Officer No. 7,

District File Number 7-40-1050

Date Filed 7-9-40

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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.....

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

Signed..... *W. H. Bullifx*

Licensed Embalmer No. 2097

P. O. Address Osceola

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**