S. No. 2
-4-13-40
5-17-39
P I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24291

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2904

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) 5

(c) Name of hospital or institution: 906 Winchester (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXXXXX (Specify whether In this community 30 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 906 Winchester (If rural, give location)

(e) If foreign born, how long in U. S. A.? XXXXXXXX years.

3. (a) PRINT FULL NAME Martha Jane Bledsoe 432

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased-----

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased No Record (Month) --- (Day) 1851 (Year)

8. AGE: Years 89 Months -- Days — If less than one day hr. min.

9. Birthplace (City, town, or county) Alabama. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business XXXXXXXX 5

FATHER
12. Name Nelson Tuck
13. Birthplace (City, town, or county) Ireland (State or foreign country) 5

MOTHER
14. Maiden name Jane Giddens
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Curtis.

(b) Address 912 Winchester, K.C.Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 20, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Gower Missouri

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Independence Ave. K.C.Mo.

19. (a) July 21, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 20th year 1940 hour 2 P.M. minute M.

21. I hereby certify that I attended the deceased from July 19, 1940 to 19; that I last saw her alive on July 19th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Sheat expansion — Duration 10 hrs.

Due to 191 (1)

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

PHYSICIAN — 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) no

(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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J. C. Brown (M.D. or other)

Address #6241 E 15th Date signed 7-20-40

(Licensed Embalmer's Statement on Reverse Side)

**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 Joe B. Yoder, Registered Apprentice No. #233 working under ~~my~~ personal supervision.

Signed J B Sheil

Licensed Embalmer No. #3625

P. O. Address Kansas 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.**