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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17098**
Registrar's No. **1760**

Registration District No. **399**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson City Mo.**
(c) Name of hospital or institution: **St Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass 19**
(c) City or town **Pleasant Hill 3**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years.

3. (a) **PRIN**
FULL NAME **Minnie Ann Bledsoe**

3. (b) If veteran, name war _____
3. (c) Social Security No. **495-01-1082**

4. Sex **Fe**, 5. Color or race **w**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 10-1883**
(Month) (Day) (Year)

8. AGE: Years **57** Months **10** Days **17**
If less than one day hr. _____ min. _____

9. Birthplace **Pleasant Hill, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telephone Operator**

11. Industry or business **Cass Co. Tel. Co.**

12. Name **Abraham Bledsoe**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Malinda E. Bassinger**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Olive Warren**

(b) Address **Pleasant Hill Mo.**

17. (a) **Removal** (b) Date thereof **4-29-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill Mo**

18. (a) Signature of funeral director **W. H. ...**

(b) Address **Pleasant Hill Mo.**
19. (a) **May 4 1941** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **27**
year **1941** hour **3:45** minute _____ A. M.

21. I hereby certify that I attended the deceased from **Apr 18** 19**41**, to **Apr 27** 19**41**;
that I last saw her alive on **Apr 26** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **R. Heart failure**
Duration **1 day**

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

Major findings: **Cholecystitis**
Of operations **Common Bile stones**
Of autopsy **same as above**

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) _____
(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)
(c) Means of injury _____
23. Signature **W. H. ...** (M. D. or other) **MD**
Address **Pleasant Hill Mo** Date signed **4-27-41**

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

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 *D. P. Noferinger*

Licensed Embalmer No. 31938

P. O. Address Plussault Hill

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, above space should be left blank.