

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

FILED FEB 10 1942

State File No. _____

Registration District No. 85

Primary Registration District No. 1104

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 South 10th. Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 701 South 10th. Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Henry Bledsoe,

20. DATE OF DEATH: Month January day 10th.
year 1942 hour 7:00 minute 45 P. M.

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

21. I hereby certify that I attended the deceased from Dec 24/41
Jan 10/42 to Jan 10/42 1942
that I last saw h alive on Jan 8/42 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

Immediate cause of death Acute Endocarditis Duration
Uræmia

6. (b) Name of husband or wife Margaret Bledsoe, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14, 1848
(Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 26 If less than one day hr. min.

Due to Senility
Asthma
Due to Chronic gastritis

9. Birthplace Unknown, Tennessee
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer,

11. Industry or business Farm,

Major findings: Of operations none

12. Name Pleasant Bledsoe,

Of autopsy none

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

14. Maiden name Elizabeth Craig,

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Plath E Bledsoe

(a) Accident, suicide, or homicide (specify) _____

(b) Address 6538 Carnegie Street,

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation New Market, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Heaton

While at work? (Specify type of place) (e) Means of injury _____

(b) Address 319 So. 10th. Street

23. Signature J. J. Thompson (M. D. or other)

19. (a) Jan 3 1942 (b) H. J. Bledsoe
(Date received local registrar) (Registrar's signature)

Address 825 Charles Date signed Jan 13/42

Thompson's.

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 1-10-7

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

Signed Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 219 So 10th St Joseph 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1686

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Bledsoe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____; that I last saw him/her alive on _____ 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 14 1890
(Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 10
If less than one day min.

Due to arteriosclerotic nephritis

Due to _____

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

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

Major findings: Of operations _____ 131a

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Harold J. Brumm (M. D. number) _____
Address St. Joseph, Mo. Date signed 3/24/42

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SUPPLEMENTARY

5-1686