

FILED FEB 11 1942

STANDARD CERTIFICATE OF DEATH

State File No. 2877

Registration District No. 561

Primary Registration District No. 5755

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Miller
 (b) City or town Rural Saline Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 Mi. N.E. of Eldon, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution —
(Specify whether
 In this community During Life
years, months or days)

3. (a) PRINT

FULL NAME Carroll Ronald Bledsoe

3. (b) If veteran,

name war no

3. (c) Social Security

No. no4. Sex Male

5. Color or

race white

6. (a) Single, widowed, married,

divorced single

6. (b) Name of husband or wife

NONE

6. (c) Age of husband or wife if

alive NONE years

7. Birth date of deceased

October 21 1938
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

3218

— hr.

— min.

9. Birthplace

Eldon
(City, town, or county)Mo. 10
(State or foreign country)

10. Usual occupation

child at home

11. Industry or business

MOTHER FATHER

12. Name

Everett Bledsoe

13. Birthplace

Kaiser
(City, town, or county)Mo. 0
(State or foreign country)

14. Maiden name

Meckie Belshe

15. Birthplace

Spring Garden
(City, town, or county)Mo. 0
(State or foreign country)

16. (a) Informant

Everett Bledsoe

(b) Address

Eldon Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

JAN 11 1938
(Month) (Day) (Year)

(c) Place: burial or cremation

Eldon Cem.

18. (a) Signature of funeral director

Keith Mays

(b) Address

Eldon Mo.

19. (a)

1-10-42
(Date received local registrar)

(b)

H. D. Walker
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 Mi. N.E. of Eldon, Mo.
(If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 9
 year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from

Jan 4 1942 to Jan 9 1942
 that I last saw him alive on Jan 9 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

double pneumonia 5 days
Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)(e) Means of injury —

23. Signature H. D. Walker (M. D. or other) 0
 Address Eldon Mo. Date signed 1/10/42

RECEIVED
Miller County Health Dept.
County File Number. 42-4
Date Filed 2/5/42

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.....

Kirchmeyer

Licensed Embalmer No. 3998

P. O. Address. Eldon, 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. 2877

Registration District No. 561

Primary Registration District No. 5755

Registrar's No. _____

1. PLACE OF DEATH: Miller Rural

(a) County.....
 (b) City or town.....
 (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
 In this community.....
 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 Carroll R. Bledsoe

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

20. DATE OF DEATH: Month Jan Day 9 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.....
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Oct 21 1928
 (Month) (Day) (Year)

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 107
 Of autopsy.....

8. AGE: Years 3 Months 2 Days 18 If less than one day..... min.

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

10. Usual occupation.....
 11. Industry or 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)

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.....

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

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation.....

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

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

23. Signature G. D. Waller (M. D. or other).....
 Address Eldon mo. Date signed 3/3/42

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

SUPPLEMENTARY

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

