

FILED JUL 29 1942

Registration District No. **176**Primary Registration District No. ~~3~~ **6039**Registrar's No. **118**

## 1. PLACE OF DEATH:

- (a) County Saline
- (b) City or town Marshall Mo.  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
Rural 3  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution.....  
(Specify whether
- In this community 8 years  
years, months or days)

3. (a) PRINT FULL NAME Clinton Bledsoe3. (b) If veteran, name war..... 3. (c) Social Security No. 702-14-4313

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Kitcher 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased (Month) 2 (Day) 27 (Year) 19

8. AGE: Years 59 Months 4 Days 21 If less than one day hr. min.9. Birthplace Authria (City, town, or county) Mo. (State or foreign country)10. Usual occupation Brakeman

11. Industry or business

12. Name Clark Bledsoe13. Birthplace Boone Co (City, town, or county) Mo. (State or foreign country)14. Sider name America Bittle15. Birthplace Miller Co (City, town, or county) Mo. (State or foreign country)16. (a) Informant Martha Kitcher(b) Address Jefferson City Mo17. (a) Burial (b) Date thereof 7-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director Tanner Funeral Home(b) Address Jefferson City Mo19. (a) 7-26-42 (b) Mo. T. O. Wheeler  
(Date received locally) (Registrar's signature)

## 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.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 18, year 1942 hour 10 minute 30 A. M.21. I hereby certify that I attended the deceased from held inquest, July 23, 1942 that I last saw him alive on 1942 and that death occurred on the date and hour stated above.Immediate cause of death Rail Road rear end Collision DurationDue to Mo. Pacific R.R.

Due to..... Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 169-4Of autopsy no 30 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) 071

(b) Date of occurrence.....

(c) Where did injury occur Mo. Pacific R.R.  
(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 Saline Co.23. Signature J. P. Lawless (M. D. or other)Address Marshall Mo Date signed 7-23-42

1315

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-28-42.....

JUL 31 1942

AUG 1 0 1942

SEP 1 0 1945

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 J. Anderson

Licensed Embalmer No. 3641

P. O. Address Gene

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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Cole } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 29<sup>th</sup> day of September, 1945, before me appears Martha Bledsoe

....., who, upon her oath, states that the original record of <sup>birth</sup> death  
for Clinton Bledsoe died July 18, 1942 in the State of  
Missouri, and which was filed at Marion, Mo on July 26, 1942, should be corrected as follows:

Item No. 3a should read Clinton Bledsoe

Instead of Bledsoe Cliton

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Martha Bledsoe Relationship.

X B. B. 1 Jefferson City, Mo. Present Address.

Subscribed and sworn to before me this 29<sup>th</sup> day of September, 1945

My Commission expires April 17 1948 S. Helen H. George Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25394

Registration District No. 776

Primary Registration District No. 6039

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(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 8 yrs \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Chilton Medical  
Block at Chilton

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) Don't know  
(e) Citizen of foreign country? Don't know (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I first saw him \_\_\_\_\_ 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 M

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

7. Birth date of deceased Feb 27 (Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

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)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (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)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(b) 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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

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

MOTHER FATHER