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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

Registration District No. 230

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30909

Primary Registration District No. 43-44-5810

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Montgomery Co.

(b) City or town McKittrick, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX / Loutre Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community About 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery, 70

(c) City or town McKitrick, Mo. Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Thomas. Bledsoe.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 26th (Day) 1871 (Year)

8. AGE: Years 71 Months 00 Days 1 If less than one day hr. min.

9. Birthplace Hartsburg. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmhand

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant W. B. Huenefeld
(b) Address McKittrick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hunter Cemetery Americus, Mo.

18. (a) Signature of funeral director Boston Bauer
(b) Address Americus, Mo.

19. (a) Aug-28th 1942 (Date received local registrar) (b) Mrs Carrie A Stuart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1942 hour 5:00 PM minute M.

21. I hereby certify that I attended the deceased from August 27, 1942, to August 27, 1942 that I last saw him alive on August 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident — Duration 7 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

170C-8
22

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) Accident 070

(b) Date of occurrence August 27 1942

(c) Where did injury occur? Montgomery Co, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Bridge Spanning Missouri River (Specify type of place)

While at work? no (e) Means of injury

23. Signature F. J. Wessling (M. D. ~~or other~~)

Address Hermann, Mo Date signed 8/28/42

1057

(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 D.B.Baker, Registered Apprentice No. ....., working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.