

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37566

State File No. _____
Registrar's No. _____

FILED DEC 9 1943
Registration District No. 2916

Primary Registration District No. 4028

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

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Nancy Ellen Bledsoe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Lewis B.

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

7. Birth date of deceased February 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 8 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Jacob McKanna

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

14. Maiden name Lesiah Watson

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

16. (a) Informant Mr. Charles Bledsoe

(b) Address Compton, California.

17. (a) Burial (b) Date thereof 11-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem.

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield, Mo.

19. (a) 11-14-43 (b) Alice Motterlund
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. None
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1943 hour 6:40 PM minute _____ M.

21. I hereby certify that I attended the deceased from November 11th 1943 to November 12 1943
that I last saw her alive on November 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis arterioscler.

Duration several years

Due to Fibrosis mellitus?

Due to Ebura

Other conditions Ebura
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

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)

(c) Means of injury _____

23. Signature Shudall Knapp (M.D. or other) _____
Address Golden City, Mo. Date signed 11/14/43

RECEIVED

District Inspector No. 6

District File Number 1248-1338

Date Filed DEC 7 1942

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 Sam E. Sencer

Licensed Embalmer No. 4099

P. O. Address Greenfield 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.