

Registration District No. 250

Primary Registration District No. 4374

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Guilford
(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 Missouri (b) County Nodaway
(c) City or town Guilford
(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 _____

3. (a) PRINT FULL NAME David Albert Bledsoe

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

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

6. (b) Name of husband or wife Alice Bledsoe 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 30 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 17 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business General farming

12. Name David Bledsoe

13. Birthplace Union County Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Miller

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

16. (a) Informant Lester Bledsoe

(b) Address Guilford, Mo.

17. (a) Burial (b) Date thereof 12.19.43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guilford, Mo.

18. (a) Signature of funeral director C C Reynolds

(b) Address Guilford, Mo.

19. (a) 12.18.43 (b) ad Barnett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th
year 1943 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from October 10th, 1940 to Dec 17, 1943; that I last saw him alive on Dec 17 1943, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 4 yrs
Lobar Pneumonia (Terminal) 36h

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy NO

Duration

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 ad Barnett (M. D. or other) _____
Address Guilford, Mo Date signed 12-18-43

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

MOTHER FATHER

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.....

Laton F. Phillips

Licensed Embalmer No. *1898*

P. O. Address.....

Stamberg 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.