

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24878

Registration District No. 133

Primary Registration District No. 5578

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Jasper Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lakeside
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community 48 years
years, months or days)

3. (a) PRINT FULL NAME Sophia Bledsoe

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced, widowed 2

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

7. Birth date of deceased November 24, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 4
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name William Beshears

13. Birthplace no data Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Pall

15. Birthplace no data Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. Rosa Hunt

(b) Address Cartersville, Mo.

17. (a) Burial (b) Date thereof 7/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cartersville Cemetery

18. (a) Signature of funeral director Hedge-Lewis-Funera

(b) Address Webb City, Mo. Home

19. (a) Date received (local printing) July 31, 1944 (b) Registrar's signature Mrs. Lillie Taylor

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. 830 Austin St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 1:30 minute P. M.

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

Immediate cause of death Duration

Procyto Pneumonia 1 da
Due to
Exposure to dust 7-27-44
Due to
Water in dust tank 7-27-44

Other conditions (Include pregnancy within 3 months of death)
Major findings: 93d
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 (M. D. optional)
Address Date signed

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

44-7-594

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 *[Signature]*

Licensed Embalmer No. 2859

P. O. Address *[Signature]*

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.