

State File No. \_\_\_\_\_

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

3759

FILED SER 25 1945

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1828 Brooklyn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community About 26 years  
years, months or days

3. (a) PRINT FULL NAME Louise S. Bledsoe

3. (b) If veteran, name war no 3. (c) Social Security No. 496-07-8024

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 20 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace De Soto Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

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

MOTHER FATHER

12. Name L. F. Sparks

13. Birthplace De Catur Co. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Edwards

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

16. (a) Informant George Edward Bledsoe  
(b) Address 1563 Ellis, San Francisco, Cal.

17. (a) Burial (b) Date thereof 9/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director B. K. Williams  
(b) Address 1212 W. 12th St. St. Louis

19. (a) 9-11-45 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1828 Brooklyn  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4  
year 1945 hour 11 minute 15-9 M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19   to 19  ;  
that I last saw him alive on 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural

Due to undetermined

Due to Coronary sclerosis  
Arteriosclerosis

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

Major findings: Of operations 94a

Of autopsy no

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 Deputy

23. Signature B. K. Williams (M. D. or D. O.)  
Address 2636 Brooklyn Date signed 9-6-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *E. Stuhig Keller*

Licensed Embalmer No. *3178*

P. O. Address *1412 Pine St  
St. Louis, 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.**