

**FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **27735**

Registration District No. **207**

Primary Registration District No. **4319**

Registrar's No. **254**

**1. PLACE OF DEATH:**

(a) County **Orange**  
(b) City or town **Belle**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Life**  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **Mary Elizabeth Bladen**

3. (b) If veteran, name war **1st** 3. (c) Social Security No. **1**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **Widowed**  
(b) Name of husband or wife **Abeliah Bladen** 6. (c) Age of husband or wife if alive years **29**  
7. Birth date of deceased **Oct 29 - 1871**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **13** If less than one day hr. min.

9. Birthplace **Summerfield** **Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Issac Johnson** 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Mahan** 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gertrude Ridenhouse**  
(b) Address **Belle, Mo.**

17. (a) **Burial** (b) Date thereof **8-14-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty**

18. (a) Signature of funeral director **Chas. H. Morton**

(b) Address **Liberty, Mo.**

19. (a) **8/26/46** (b) **Caroline D. Davenport**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Orange**  
(c) City or town **Belle**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **8** day **12**  
year **1946** hour **12** minute **40** P.M.

21. I hereby certify that I attended the deceased from **8-8** 19**46** to **8-12** 19**46**  
that I last saw her alive on **8-11** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Left Hemiplegia**  
**Due To Cerebral Hemorrhage**  
**ON HYPERTENSIVE BASIS** Duration **5 dys**

Due to

Due to

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

Major findings:  
Of operations **None**  
Of autopsy **None**  
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?

(Specify type of place)  
While at work (e) Means of injury  
Signature **Paul Brunel** (M. D. or other)  
Address **Bethesda, Mo.** Date signed **8-14-46**

**RECEIVED**  
District Health Officer No. 9,  
District File Number 8-46-228  
Date Filed 8-30-46

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**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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Living

**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.**