

STANDARD CERTIFICATE OF DEATH

State File No. 29921

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo
(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 _____
In this community 40 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 304 Chest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Carrie J. Bledsoe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. A. Bledsoe

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

7. Birth date of deceased: Aug (Month) 21 (Day) 1870 (Year)

8. AGE: Years 76 Months 1 Days 8 If less than one day hr _____ min _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Don't Know

13. Birthplace Don't Know (City, town, or county) _____ (State or foreign country)

14. Maiden name Carrie C. Abbott

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

16. (a) Informant Wm. Bledsoe

(b) Address Bragg City Mo

17. (a) Burial (b) Date thereof 9-23-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cem

18. (a) Signature of funeral director W. H. ...

(b) Address Rektor, Ark

19. (a) 9-25-1946 (Date received local registrar) (b) Earl Hubbard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9th Sept 1946 to 19 Sept 1946 that I last saw him alive on 19 Sept 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia Duration _____

Due to Myocarditis Ch.

Due to Arterio sclerosis

Other conditions Generalized

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no 93D

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 _____

23. Signature James ... (M. D. or other) no

Address Kennett Mo Date signed 2-27-46

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

RECEIVED
District Health Office No. 2,
District File Number 1046-1180
Date Filed 12-1-46

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 John R. Casner

Licensed Embalmer No. 2912

P. O. Address Reetar, Ark

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.