

FILED JAN 29 1947

Registration District No. **1**

Primary Registration District No. **5030**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HITCHCOCK

(b) City or town RURAL TARKIO TWP.
(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 1 YEAR.
years, months or days

3. (a) PRINT FULL NAME MATILDA 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 MARRIED

6. (b) Name of husband or wife W.A. BLEDSOE 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 8 (Month) 1 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace NASHVILLE TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

MOTHER FATHER

11. Industry or business _____

12. Name SQUIRE BOWMAN

13. Birthplace UNKNOWN TENN.
(City, town, or county) (State or foreign country)

14. Maiden name MISSIE HALL

15. Birthplace UNKNOWN TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oella Allen

(b) Address Tarkio Mo.

17. (a) BURIAL (b) Date thereof 1-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KING CITY, MO.

18. (a) Signature of funeral director Bartholomew Martiny

(b) Address Rock Out, Mo.

19. (a) 1-18-47 (b) Betty Croshaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Critchfield

(c) City or town Rural, Tarkio, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1947 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 17
47 to Jan. 17, 1947;
that I last saw er alive on Jan. 17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 4 Hrs.

Due to advancing age.

Due to _____

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

Major findings: _____

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 G. A. Reuther (M. D. or other) _____

Address Rock Out, Mo. Date signed 1/17/47

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

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..... *Artz Bartholomew*
.....
Licensed Embalmer No..... *3173*
P. O. Address..... *Rock Pt. Md*

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.