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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede 53

(c) City or town Lebanon (If outside city or town limits, write "RURAL") 1 2

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Judith Ann Bledsoe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 3 (Day) 1942 (Year)

8. AGE: Years 5 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Haskell Bledsoe
13. Birthplace Long Lane (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Gladys Kinkade
15. Birthplace Springfield (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Haskell Bledsoe

(b) Address Lebanon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo

18. (a) Signature of funeral director R.A. Palmer

(b) Address Lebanon Mo.

19. (a) 2-4-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month [illegible] day 4 year 1947 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from 10-28, 1946, to 2-4, 1947 that I last saw her alive on 2-4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Osteo sarcoma rt leg with metastasis	4 mo
Due to: to pelvis and lung.	
Due to: 55E	
Other conditions: Indany anemia (Include pregnancy within 3 months of death)	2 mo

Major findings: Of operations: Osteo sarcoma rt femur

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lisbon J Busick (or other)

Address Springfield Mo Date signed 2-4-47

(Licensed Embalmer's Statement on Reverse Side)

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 R. A. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.