

FILED APR 8 1947

Registration District No. 42

Primary Registration District No. 5129

Registrar's No. 460

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural - Platte Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R2A #3, Yonas, Mo.!  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural - Platte Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. R2A #3  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME JESSE ANDREW BLEDSOE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31 year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from February 1944 to March 31 1947 and that I last saw him alive on 3-31 1947; and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY DA BLEDSOE

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: (Month) 11 (Day) 28 (Year) 1865

Immediate cause of death Myocarditis

Duration ???

8. AGE: Years 81 Months 4 Days 3 If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Buchanan Co. Mo. U  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 93D

10. Usual occupation RETIRED GROCER

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name JESSE BLEDSOE

13. Birthplace Buchanan Co. Mo. U  
(City, town or county) (State or foreign country)

14. Maiden name UNKNOWN MARY KENNEY

15. Birthplace UNKNOWN Buchanan Co. Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Bledsoe

(b) Address 3135 Forest Lawn, Omaha Neb.

17. (a) burial (b) Date thereof 4-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation #6 Cem. Power Mo.

18. (a) Signature of funeral director Rollins - Paul

(b) Address Edgerton Mo.

19. (a) April 3, 1947 (b) L. C. Jenkins  
(Date received local registrar) (Registrar's signature)

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 1

23. Signature J. E. Steisco (M. D. or other) \_\_\_\_\_

Address Yonas Mo. Date signed 4-6-47

---

---

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..... *Vivian R. Nash* .....

Licensed Embalmer No. *3947* .....

P. O. Address *Edgerton The.* .....

**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.