

FILED JUN 26 1948
128

2000

Registrar's No. 477A

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:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~hospital~~ **63 min**
(Specify whether
In this community **63 minutes**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Christian** 22
(c) City or town **Claver** **RURAL** 0
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD #1** 0
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Laura Mae 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 **John D. Bledsoe, Jr.**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Feb 16 1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 3 19 hr. min.

9. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Joel O'Bryant**
13. Birthplace **UNKNOWN Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **SARAH SHORT**
15. Birthplace **Stone County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Son**
(b) Address **302 Atlanta, Webster Groves, Mo.**

17. (a) ~~Burial~~ **Reburied** (b) Date thereof **5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **W. C. Thumma**

(b) Address **Republic Mo.**

19. (a) **June 9 1948** (b) **W. C. Thumma**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6** year **1948** hour **7** minute **13** P. M.

21. I hereby certify that I attended the deceased from **June 6 1948** to **June 6 1948**; that I last saw her alive on **June 5 1948** and that death occurred on the date and hour stated above.

Immediate cause of death: **Traumatic shock**
crushing to chest
Cerebral contusion
Fracture of clavicle
Multiple abrasions +
Contusion head, face +
Due to } 1 hr.
Due to
Other conditions **body**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations **NO**
Of autopsy **NO**

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) **accident** 22
(b) Date of occurrence **June 6 1948**
(c) Where did injury occur? **Near Nixon Christian Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Highway**

While at work? **no** (Specify type of place) (e) Means of injury **auto accident**

23. Signature **Daniel L Yancy** (M. D. or other)
Address **Springfield Mo** Date signed **June 7 1948**

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

9
2
6

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.....

John S. Mc Nab....., Registered Apprentice No. *85*
working under my personal supervision.

Signed *R. E. Thurman*.....

Licensed Embalmer No. *503*.....

P. O. Address *Republic, 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.