

FILED JUN 17 1945

Primary Registration District No. 3023

Registrar's No. 117

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")

(d) Street No. 327 N Washington
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FELIX IRA BLEDSOE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 1945 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from _____, 19____, to 6-2, 1945
that I last saw him alive on Dec 10, 1944
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 mar

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov 24 1876
(Month) (Day) (Year)

Immediate cause of death coronary thrombosis

Due to _____

Due to _____

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

8. AGE: Years 68 Months 6 Days 11 If less than one day _____ hr. _____ min.

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Henry mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter + Paperhanger

11. Industry or business _____

12. Name Felix Brandy Bledsoe

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

14. Maiden name Elizabeth Henson

15. Birthplace Don't know?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Wallace

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 6-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conradus Beck

(b) Address Clinton mo

19. (a) June 4 (b) Neyette Rowland
(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? _____

(Specify type of place) _____

While at work? _____ (b) Means of injury _____

23. Signature R J Powell (M.D. number) _____
Address Clinton mo Date signed 6/4

RECEIVED

District Health Officer No. 71

District File Number 6-45-679

Date Filed 7-12-45

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

J. E. Conner

Licensed Embalmer No. 1891

P. O. Address..... *Antonia*

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.