

FILED JUN 21 1948
Registration District No. 27

Primary Registration District No. 4314

Registrar's No. 125

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

2000

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
at home on the street 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Deepwater, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. at Home 0
(If rural, give location)

(e) Citizen of foreign country? no (Specify No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Bledsoe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1948 hour 8 minute 48 P.M.

21. I hereby certify that I attended the deceased from 8
June 4, 1948 to June 4, 1948
that I last saw her alive on June 4, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of White

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 May 28 - 1933
(Month) (Day) (Year)

Immediate cause of death 3rd Cervical Vertebral Fracture 10 to 15
minutes Duration

Due to Fall from Truck

Due to _____

8. AGE: Years Months Days If less than one day

15 0 6 hr. min.

Other conditions Fracture of Right Clavicle
(Include pregnancy within 3 months of death)

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

10. Usual occupation Deepwater Mo. 0

11. Industry or business School Girl

12. Name Jesse Bledsoe

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

14. Maiden name Thelma Mauldin

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

Major findings:
Of operations _____

Of autopsy 70%

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

16. (a) Informant Jesse Bledsoe

(b) Address Deepwater, Mo.

17. (a) Burial (b) Date thereof June 6 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington Cem

18. (a) Signature of funeral director Tom Hight

(b) Address Deepwater, Mo.

19. (a) 6-8-48 (b) R. B. Kenney
(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) Accident, Fall from Truck

(b) Date of occurrence June 4, 1948 47

(c) Where did injury occur? Deepwater Henry Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On City Street
(Specify type of place)

While at work? _____ (c) Means of injury 2

23. Signature Dr. Raymond H.O. (M. D. or other)

Address Deepwater Mo. Date signed 6-5-48

RECEIVED

District Health Officer No. 7,

District File Number 5-48-631

Date Filed 6-16-48

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.