

DEC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1709
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 93
 (b) Township Crawford, Primary Registration District No. 5124 Registered No.
 (c) City (d) Street No. 15 Mi. So. of St. Joseph, Union Road, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 4 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Leah Bledsoe,
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henry Bledsoe,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 1, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County,
Missouri, 0

FATHER 13. NAME Gideon L. Brown, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County,
Missouri, 0

MOTHER 15. MAIDEN NAME Amanda Maget,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County,
Missouri,

17. INFORMANT (ADDRESS) Mrs. Sophronia Memelien
R. F. D. # 2, Dearborn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Judy Cemetery DATE Jan'y, 11th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Bellevue Mortuary
St. Joseph, Mo. Special Home

20. FILED 1-10-39 Miss Hull
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 10th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan'y 7th, 1939, to Jan'y 10th, 1939, I last saw him alive on Jan'y 9th, 1939. Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset unk.

Other contributory causes of importance:

Mitral Stenosis

1/6/39

Name of operation None Date of

What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. L. Durham, M. D.

(Address) Granby, Mo.

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, Jan 10, 193

TUC ✓
or by

Registered Apprentice No. ✓, working under my personal supervision;

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 South St Joseph

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, above space should be left blank.