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5-17-39
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FILED MAR 21 1941
MORNING MAR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6200
Registrar's No. ~~5779~~ 3

Registration District No. 186

Primary Registration District No. 5078

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Charlotte Twp. RFD Butler
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Daniel Perry Bledsoe
3. (b) If veteran, X name war X
3. (c) Social Security No. X

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eliza Bledsoe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 4/1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 21
If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business unknown

12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Bledsoe RFD Butler Missouri
(b) Address Burial

17. (a) (b) Date thereof Feb. 27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Round Prairie

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler Missouri

19. (a) Feb. 26 (b) 41 C.A. Lusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Bates
(a) State (b) County
(c) City or town RFD Butler Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. 25th/41 day 25
year 1941 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 1939
to Feb 25 1941
that I last saw him alive on Feb 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to Fracture of Femur
Jan 18th

Other conditions 1860
(Include pregnancy within 3 months of death)

Major findings: Of operations 1860
Of autopsy 1860

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? _____

23. Signature L. D. La Hune (M. D. or other) no
Address Box 200, Butler Date signed 2/26/41

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

1822

RECEIVED

District Health Officer No. 7.

District File Number 3-41-561

Date Filed 3-20-41

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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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, above space should be left blank.