

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24968

AUG 14 1941

Primary Registration District No. 5359B

Registrar's No.

Registration District No.

3200

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

1. PLACE OF DEATH:

(a) County Dickson
(b) City or town Marysville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Camden Turn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 50 7 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DECATUR
(c) City or town MARYSVILLE (If outside city or town limits, write "RURAL") 0320
(d) Street No. _____ (If rural, give location) RURAL
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from May 6 1941
19____ to July 29 1941
that I last saw her alive on July 28 19____
and that death occurred on the date and hour stated above. 19____

Immediate cause of death: chronic suppurative otitis media
Due to unknown
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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? _____

While at work? _____ (Specify type of place)
(a) Means of injury fall
23. Signature W. H. Reynolds (Date) _____
Address Marysville Mo Date signed 7/31/41

3. (a) PRINT FULL NAME LOTTIE BELL BLEDSE
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, wid
6. (b) Name of husband or wife W. M. BLEDSE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: SEPT 23 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name WILLARD GUINN
13. Birthplace MO.
(City, town, or county) (State or foreign country)
14. Maiden name LURINDA STROOK
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Bledse
(b) Address Marysville Mo
17. (a) Burial (b) Date thereof 7/31-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Support Mt

18. (a) Signature of declarant Lurinda Strook
(b) Address Marysville Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.