

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 Years
years, months or days)

3. (a) PRINT FULL NAME William Bledsoe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Bledsoe 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased November 23 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business farm

12. Name Charles Bledsoe

13. Birthplace No Data Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name No Data Willoughby

15. Birthplace No Data No Data
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Bledsoe (widow)

(b) Address: Webb City, Mo.

17. (a) Burial (b) Date thereof 2/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Missouri

18. (a) Signature of funeral director Hedy Nelson

(b) Address Webb City, Missouri

19. (a) Feb 6, 1942 (b) M. M. Lillie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 830 W. Austin
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Feb 3 1942 to Feb 3 1942
that I last saw him alive on Feb 3 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature J. B. Munson (M.D. or other) W. C.

Address Webb City, Mo. Date signed 2-6-42

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

79
6
2

49

6

2

(Yes or No)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-2-214

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 *E. M. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *W. H. City*

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.