

FILED NOV 25 1947

State File No.

Registration District No.

Primary Registration District No. 5303

Registrar's No. 251

1. PLACE OF DEATH:

(a) County... Cole
(b) City or town... Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
920 R. East Dunklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 24 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole
(c) City or town... Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No... 920 R. East Dunklin
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Monroe Bledsoe Sr.

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. ----- years

7. Birth date of deceased March 1 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 0 hr. 0 min.

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

10. Usual occupation Drayman

11. Industry or business Drayage

12. Name Louis Bledsoe

13. Birthplace Unknown, Missouri
(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 Monroe Bledsoe, Jr.

(b) Address 923 E. Elm St. Jefferson City

17. (a) Burial (b) Date thereof 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview Cemetery

18. (a) Signature of funeral director Jama Buried Home

(b) Address 700 Jefferson St. Jefferson City

19. (a) 11-17-47 (b) R. P. Davis M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Nov
year 1947 hour unk. minute unk. M.

21. I hereby certify that I attended the deceased from -----
Dead when I arrived
that I last saw him ----- alive on -----, 19-----
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Duration -----

Due to Falling in river

Due to -----

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

Major findings:
Of operations -----

Of autopsy -----

PHYSICIAN

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) Accident

(b) Date of occurrence Nov 14-47

(c) Where did injury occur? Monroe River Cole Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Monroe River

(e) Means of injury Drowning
(Specify type of place)

While at work? NO

23. Signature R. P. Davis M.D. Cooper (M. D. or other)

Address Jeff City Mo Date signed 11-17-47

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

MOTHER FATHER

026

Dr. Lurie

RECEIVED
District Health Officer No. 9
District File Number
Date Filed NOV 24 1947

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.....

Donald P. Freeman....., Registered Apprentice No. *481*
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. *3641*.....

P. O. Address *Juno*.....

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.