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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31906
Registrar's No. 157

FILED NOV 4 1948

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 N. Abat
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Since last August 22 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Aderson Bloodgood
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Etta Jane Bloodgood 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16, 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 9 If less than one day hr. _____ min. _____

9. Birthplace New York, N. Y. (City, town, or county) (State or foreign country)

10. Usual occupation Hetired Railroad Shopman

11. Industry or business Wabash R. R.

MOTHER FATHER { 12. Name Daniel F. Bloodgood
13. Birthplace N. Y. (City, town, or county) (State or foreign country)
14. Maiden name Estilidia Applegate
15. Birthplace N. Y. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Milton A. Clark
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/48 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Christensen

(b) Address Mexico, Mo.

19. (a) 10/30/48 (Date received local registrar) (b) Blanche Nelly (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 309 N. Abat (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 48 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1 1948 to Oct 25 1948
that I last saw him alive on Oct 25 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/40
Of autopsy _____

Duration
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) _____
(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 2
23. Signature R. W. Van Thompson, M.D.
Address Mexico Mo Date signed 10/27/48

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

RECEIVED

District Health Officer No. 1

District File No. 11-48-18

Date Filed NOV 3 - 1948

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.....

Charles J. Reed

....., Registered Apprentice No. 210

working under my personal supervision.

Signed.....

Charles J. Reed

Licensed Embalmer No. 3569

P. O. Address..... Mexico, 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, fact should be so stated above.