

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33500

Registration District No. 201

Primary Registration District No. 5734

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon Co. Mo
(b) City or town Atlanta - Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Charles O. Bledsoe

3. (b) If veteran, name war No

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie Bledsoe

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Apr 1st 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>17</u>	hr. <u>✓</u> min.

9. Birthplace Adair Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Newton Bledsoe

13. Birthplace Schuyler Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Skinner

15. Birthplace Knox Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Bledsoe

(b) Address Atlanta Mo

17. (a) Rural (b) Date thereof Oct 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director H. H. ...

(b) Address Atlanta Mo

19. (a) 10-25-48 (b) M. D. Griffin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17th
year 1948 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 8/29/47 to 10/17/48
that I last saw him alive on Oct 17/48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations 241
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) (c) Means of injury _____

23. Signature A. P. ... (M. D. or other) _____

Address Macon Mo

Date signed 10/19/48

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 11-48-1883
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 _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed H. M. Goodding
Licensed Embalmer No. 1750
P. O. Address Atlanta 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.