

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8268

State File No. ....

FILED APR 6 1949

BIRTH NO. 49-014300 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1099

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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><p style="text-align: center;">Jackson</p>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><p style="text-align: center;">Missouri</p><br>b. COUNTY<br><p style="text-align: center;">Jackson JK</p> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City) OR TOWN Kansas City  |   | c. LENGTH OF STAY (in this place)<br><u>2 days</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><p style="text-align: center;">General Hospital No. 1</p>   |   | d. STREET ADDRESS (If rural, give location)<br><p style="text-align: center;">703 E. 14 St.</p>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |   | a. (First)<br><p style="text-align: center;">Bledsoe</p>  | b. (Middle)<br><p style="text-align: center;">Inf.</p>   |
| c. (Last)<br><p style="text-align: center;">Inf.</p>   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><p style="text-align: center;">2 12 1949</p>  |  |
| 5. SEX<br><p style="text-align: center;">Female</p>  | 6. COLOR OR RACE:<br><p style="text-align: center;">White</p> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><p style="text-align: center;">Never married</p>  | 8. DATE OF BIRTH<br><p style="text-align: center;">2-10-49</p>                                     |
| 9. AGE (In years last birthday)  |   | IF UNDER 1 YEAR<br>Months   | IF UNDER 12 HRS.<br>Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><p style="text-align: center;">Infant</p>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><p style="text-align: center;">Infant</p>  | 11. BIRTHPLACE (State or foreign country)<br><p style="text-align: center;">Kansas City, Mo. D</p> |
| 12. CITIZEN OF WHAT COUNTRY?<br><p style="text-align: center;">U. S. A.</p>  |   | 13a. FATHER'S NAME<br><p style="text-align: center;">Not known</p>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><p style="text-align: center;">Pearl Bledsoe</p>  |   | 14. NAME OF HUSBAND OR WIFE<br><p style="text-align: center;">None</p>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><p style="text-align: center;">No</p>  |   | 16. SOCIAL SECURITY NO.<br><p style="text-align: center;">none</p>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><p style="text-align: center;">Record Clerk-Gen'l Hosp.</p>   |   | ADDRESS<br><p style="text-align: center;">24th &amp; Cherry</p>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |   | MEDICAL CERTIFICATION   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Prematurity</p>  |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <p style="text-align: center;">Atelectasis</p> |   |   |  |
| DUE TO (c)   |   |   |  |
| II. OTHER SIGNIFICANT CONDITIONS -<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><p style="text-align: center; font-size: 2em;">7625</p>   |   |   |  |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>Feb. 10, 1949</u> , to <u>Feb. 12, 1949</u> , that I last saw the deceased alive on <u>Feb. 12, 1949</u> , and that death occurred at <u>2:23 AM.</u> , from the causes and on the date stated above.  |   |   |  |
| 23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)  |   | 23b. ADDRESS<br><p style="text-align: center;">Med. Dir. Gen'l Hosp.</p>  |  |
| 23c. DATE SIGNED<br><p style="text-align: center;">2-16-49</p>   |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><p style="text-align: center;">Burial</p>   |   | 24b. DATE<br><p style="text-align: center;">3-11-49</p>   |  |
| 24c. NAME OF CENETERY OR CREMATORY<br><p style="text-align: center;">Municipal Cemetery</p>  |   | 24d. LOCATION (City, town, or county) (State)<br><p style="text-align: center;">Leeds Station MO</p>  |  |
| DATE REC'D BY LOCAL REG.<br><p style="text-align: center;">3-10-49</p>   |   | REGISTRAR'S SIGNATURE<br><p style="text-align: center;">Geraldine Holmes</p>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><p style="text-align: center;">Wm. A. Schaefer</p>   |   | ADDRESS<br><p style="text-align: center;">City, Missouri</p>  |  |

*Dr. [unclear]*

**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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Wm. A. [unclear]*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *N.E. MD*

**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.