

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16431

2281

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		a. STATE Missouri		b. COUNTY Clay	
c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) North Kansas City, RR #488		d. STREET ADDRESS R.R. #488, #.K.C., 0248-94			
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hosp.				d. STREET ADDRESS (If rural, give location) R.R. #488, #.K.C., 0248-94			
3. NAME OF DECEASED (Type or Print)		a. (First) Floyd		b. (Middle) R.		c. (Last) BLEDSOE	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 4, 1906		9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Representative - Heavy Const. Unions - Wier, Ks.		11. BIRTHPLACE (State or foreign country) /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robt. H. Bledsoe		13b. MOTHER'S MAIDEN NAME Ida Mae Clark		14. NAME OF HUSBAND OR WIFE Anna M. Bledsoe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna M. Bledsoe, RR#488, #.K.C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor, l. frontal. (n.m.o.)				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema			
19a. DATE OF OPERATION 5-24-51		19b. MAJOR FINDINGS OF OPERATION Brain Tumor		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 5-19, 1951, to 5-26, 1951, that I last saw the deceased alive on 5-26, 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Robert W. Forsythe MD (Degree or title)				23b. ADDRESS 411 Alameda Rd.		23c. DATE SIGNED 5-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-29-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) K.C., Mo.	
DATE REC'D BY LOCAL REG 5-28-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eyall, 1800 Linwood, K.C., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

