

3. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6613**

MAR 14 1941

Registration District No. 157

Primary Registration District No. 5221

Registrar's No. 9

1. PLACE OF DEATH
 (a) County Platte ~~Platte~~ Pleasant Hill
 (b) City or town Pleasant Hill
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 64 years (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME HANNAH WILSON BLEDSOE
3. (b) If veteran, _____ **3. (c) Social Security** _____
 name war. _____ No. _____

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, Widowed
 divorced _____
6. (b) Name of husband or wife William Bledsoe
6. (c) Age of husband or wife if _____
 alive _____ years
7. Birth date of deceased 1854 Nov. 12 1854
 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 6 If less than one day
 hr. _____ min.

9. Birthplace Port Madison Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name George Wilson
13. Birthplace _____
 (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Wallace
15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry Smith
(b) Address Pleasant Hill Mo.

17. (a) Burial _____ **(b) Date thereof** Feb. 20 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director W. Brownfield
(b) Address Pleasant Hill Mo.

19. (a) 2-21-41 **(b) Mrs. Etta M. Aldridge**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri **(b) County** Case 19
(c) City or town Rural **(d) Street No.** 0
 (If outside city or town limits, write "RURAL") (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
 year 41 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 23
 1940, to Feb. 18 1941;
 that I last saw her alive on Feb. 18 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Arterio-sclerosis
Major findings: _____
 Of operations _____
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? _____
(Specify type of place)
(e) Means of injury _____
23. Signature J. Murray M.D. **(M. D. or other)** 0
Address Pleasant Hill, Mo. **Date signed** 2/21/41

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

9
0

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.....

A.W. Brownfield

....., Registered Apprentice No.....

working under my personal supervision.

Signed

A.W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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, above space should be left blank.