

DEC 7 1 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38484
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain(b) Registration District No. 26(c) Township Salmon(d) Primary Registration District No. 3002(e) City Muskegon(f) Street No. 300 E. Liberty

(If death occurred in Hospital or Institution, write its name instead of street and number)

(g) Length of residence in city or town where death occurred 12 yrs. mos. ds.

(h) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 300 E. LibertySt. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jephtha Bedford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 4, 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

90229None

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Va.

FATHER

13. NAME

Isaac Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Va.

MOTHER

15. MAIDEN NAME

Lucinda Browning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Va.

17. INFORMANT (ADDRESS)

Q R Mearns

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oklahoma City

DATE

Nov. 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

N. A. Pruitt

20. FILED

Nov 3, 1938

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 6, 1938to Nov 2, 1938I last saw her alive on Nov 2, 1938. Death is saidto have occurred on the date stated above, at 6:1 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

arterio sclerosisacute dilatation of heart

Other contributory causes of importance:

95%

Name of operation

no

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul E. Connelley, M. D.(Address) Muskegon, Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-38-626

Date Filed 12-12-38

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, ...

Earl E. Puckett

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Earl E. Puckett

Licensed Embalmer No. 3189

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, above space should be left blank.