

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50 FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1498
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Salt River Primary Registration District No. 5034 Registered No. 4
(c) City Mexico Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Portar W. Bezner

(a) Residence, No. R. #1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28- 1905

7. AGE YEARS 33 MONTHS 11 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sgt. Mo. Nat. Guard
9. Industry or business in which work was done, as saw mill, bank, etc. Armory
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shanandoah, Iowa

13. NAME John J. Bezner

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

15. MAIDEN NAME Georgia White

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

17. INFORMANT Mrs. Genelle W. Bezner (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico Mo DATE 1/11/39

19. FUNERAL DIRECTOR (NAME) Chas. Arnold Jr. (ADDRESS) Mexico, Mo.

20. FILED Jan 11, 1939 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July-31, 1938, to Jan-9, 1939
I last saw him alive on Jan 5, 39 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Carcinoma of Date of onset ?
adrenaline gland -
9 left side -
51
Other contributory causes of importance:
Metastasis cont lung
& left kidney

Name of operation Exploratory Date of July 16, 38
What test confirmed diagnosis? Croxy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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 _____ (Sign) R. W. Van Hange M.D.
23 (Address) Mexico Mo

RECEIVED

Dist. Health Officer No. 10

License Number 10-39-445

Date Filed FEB 9 1939

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,

Chas. Arnold Jr.

or by

Registered Apprentice No., working under my personal supervision.

Signed

Chas Arnold Jr.

Licensed Embalmer No. 3569

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.