

Registration District No. 76

Primary Registration District No. 510013

1. PLACE OF DEATH: 2
(a) County Boone
(b) City or town New Oldham, Mo.
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward A. Begemann
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex male 5. Color or race w. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased march 6 1917
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Hartsburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business no

MOTHER FATHER
12. Name August Begemann
13. Birthplace Hartsburg Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Schmitz
15. Birthplace Mutherville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature August Begemann
(b) Address Hartsburg Mo.

17. (a) Hartsburg Mo. (b) Date thereof July 29 1939
(Burial, cremation) (Month) (Day) (Year)
(c) Place: burial or cremation Hartsburg Mo.

18. (a) Signature of funeral director B. Busch General
(b) Address Illusion City Mo. 177

19. (a) 8/16/39 (b) H. H. Kennedy
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town New Oldham, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? yes years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1939 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|----------|
| <u>Fracture of skull & crushed chest</u> | |
| Due to <u>Automobile accident two cars coming together</u> | |
| Due to _____ | |
| Other conditions (include pregnancy within 3 months of death) | |
| Major findings: Of operations _____ | |
| Of autopsy <u>no</u> | |

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence July 26 1939
(c) Where did injury occur? Hwy 63
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hwy 63 (Specify type of place) (e) Means of injury _____
23. Signature M. R. Tolson (M.D. or other) _____
Address _____ Date signed 8-1-39

MARGIN RESERVED FOR BINDING

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

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.

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Victor Breacher

Licensed Embalmer No. 3201

P. O. Address J.C.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.