

MOB AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24745

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 208

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural, Poplar Bluff, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Since 1890
years, months or days

8. (a) PRINT FULL NAME Ralph William Bedoll
8. (b) If veteran, name war _____
8. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flore
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased September 16 1890
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 15
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name Joseph Bedoll
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Flore
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Flore Bedoll
(b) Address Rt #2 Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof July 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Creek

18. (a) Signature of funeral director Greer-Croy
(b) Address Poplar Bluff, Missouri

19. (a) 7/1/40 (b) Obelstinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2 Poplar Bluff, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1
year 1940 hour 2 minute 00 PM.

21. I hereby certify that I attended the deceased from 6-7-, 1940 to 7-1-, 1940
that I last saw him alive on 6-25-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Central Insufficiency
Chronic Nephritis
Due to _____
Due to 121
Other conditions Arteriosclerosis Obliterans
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? ga
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature St. J. Kelly (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 7/2/40

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.....

B. J. Brentlinger

....., Registered Apprentice No. 208

working under my personal supervision.

Signed.....

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.

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STANDARD CERTIFICATE OF DEATH

State File No. 24748

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Paplar Bluff T.P.
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.? _____ years.

3. (a) PRINT FULL NAME Ralph William Bedoll

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, divorced, m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased Sept 16 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8/1/40 (b) Olusinger
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 1
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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)

While at work? _____ Means of injury _____

23. Signature H. S. Clay (M. D. or other) _____

Address Paplar Bluff Mo Date signed _____

SUPPLEMENTARY

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

X

