

No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 15 1941

Registration District No. 104 Primary Registration District No. 3008-5156 Registrar's No. 190

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - Beaman Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
I.O.M. N.W. of Fulton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life / _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 0140

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 10 M. N.W. of Fulton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Noah Bedeworth

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1941 hour 50 minute A.M.

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Callie Bedeworth

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Feb 19 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5, 1941, to July 9, 1941, that I last saw him alive on July 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

8. AGE: Years 74 Months 4 Days 20 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Beaman Township Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name W. J. Bedeworth

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

14. Maiden name Mary Ellen Griffith

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy no

16. (a) Informant Mrs. Hallie Jersey

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof July 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Cloud Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

18. (a) Signature of funeral director Gen H Wallace

(b) Address Fulton, Missouri

19. (a) July 16/41 (b) R. N. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature R. N. Crowe (M. D. or other) _____

Address _____ Date signed _____

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.....

Leo G. Wallace

Licensed Embalmer No. *3373*

P. O. Address *Fulton Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.