S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942
Registration District No. 67-78

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 67-38-4348

State File No. 7325

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Montgomery.
(b) City or town McKittrick, Mo. Inc
(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 years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery. 70 0 0
(c) City or town McKittrick, Mo.
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frederick W. Bezold.

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife XX

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

7. Birth date of deceased April (Month) 29-- (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	14	hr. min.

9. Birthplace Hermann, (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Gottlieb G. Bezold,
13. Birthplace Wittenburg, (City, town, or county) Germany. (State or foreign country)

MOTHER

14. Maiden name Pauline Biedermann,
15. Birthplace Wittenburg, (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Chas. Bezold
(b) Address McKittrick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bezold Cemetery.

18. (a) Signature of funeral director Barton Baker
(b) Address Bertrand Americus, Mo.

19. (a) Feb-20-1942 (Date received local registrar) (b) Mrs Carrie A. Stuart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th year 1942 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 21 1942 to Feb 13 1942 that I last saw him alive on Feb 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Senile Paresis	
Due to Senility of age.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 162 P
Of autopsy

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? (e) Means of injury 0

23. Signature O. R. Rauschelbach (M. D. or other)
Address Rhineland Mo. Date signed 2-25-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

D.B.Baker, Registered Apprentice No.....,

working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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, fact should be so stated above.