V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12162

State File No.

FILED APR 15 1942

Registration District No. 7 96

Primary Registration District No. 3038

Registrar's No. 56

97
1
2

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Putnam Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ Days (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 405 East Yerby St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Velera Beatrice Biesemeyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Arthur E. Biesemeyer

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec. 10 (Month) 1904 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	3	9	hr. min.

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

10. Usual occupation Worked at Condensery

11. Industry or business Dried Milk or Dried Eggs

FATHER
12. Name Levi S. Fales 0
13. Birthplace Scotland Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Catherine M. Wells 0
15. Birthplace Schyler Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Arthur E. Biesemeyer

(b) Address 405 East Yerby St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 194 (Month) (Day) (Year)

(c) Place: burial or cremation Grand Pass, Mo.

18. (a) Signature of funeral director J. Leslie Sussey

(b) Address Marshall Mo

19. (a) Mar 21 1942 (Date received local registrar) (b) Mrs T. O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1942 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from Mar 19 - 1942, to Mar 20 1942
that I last saw her alive on Mar 20 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal intersusception with Gangrene — Duration 2 da

Due to

Due to 122 b1

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal ~~intersus~~ intersusception Gangrene
Of autopsy X

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 A. C. Putnam (M. D. ~~or other~~)

Address Marshall Mo Date signed 3-21-42

1215 (Licensed Embalmer's Statement on Reverse Side)

APR 22 1942

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-14-42

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. ~~[illegible]~~, working under my personal supervision.

Signed J. Leslie Dussing
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.