

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24775

Registration District No. 333

Primary Registration District No. 5748

Registrar's No. 47

1. PLACE OF DEATH:

(a) County. Merger
(b) City or town. Madison
(c) Name of hospital or institution: —
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

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

In this community. 42 years
years, months or days

3. (a) PRINT FULL NAME Amy Bezer

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased. Aug 29 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 11 10 hr. min.

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

10. Usual occupation. housewife

11. Industry or business. —

12. Name James Bezer

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

14. Maiden name. Anderson

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

16. (a) Informant. Poy Bezer

(b) Address. mill Grove

17. (a) Burial (b) Date thereof July 10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Salem

18. (a) Signature of funeral director. Walter Moss

(b) Address. Walter Moss

19. (a) July 11, 1942 (b) James Bezer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Merger
(c) City or town. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

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

If yes, name country. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from Jan
1939 to July 10, 19 42

that I last saw her alive on July 8, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death. Organic Heart Disease Duration

Due to. —

Due to. —

Other conditions. gsc
(Include pregnancy within 3 months of death)

Major findings: Of operations. —

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?

While at work? (Specify type of place) (e) Means of injury. —

23. Signature E.W. Ewing (M. D. or other)

Address Spickard Mo Date signed 7/14/42

11/17 (Licensed Embalmer's Statement on Reverse Side)

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

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 me

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

Signed

Licensed Embalmer No. 2634

P. O. Address Simulatan 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.