

FILED NOV 6 1942

Registration District No. 778

Primary Registration District No. 88-8-4341

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Bellflower Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Bellflower Mo.
(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 0

3. (a) PRINT FULL NAME Fritz Herman Begeman

3. (b) If veteran, name war None 3. (c) Social Security No. No. n e

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, 2 divorced Widower

6. (b) Name of husband or wife Lizie Begeman (DEC) 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 22 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business General duties

MOTHER FATHER { 12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Walter D. Begeman

(b) Address Bellflower Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Cem.

18. (a) Signature of funeral director Aland A Jones

(b) Address Bellflower Mo.

19. (a) 10-3-1942 (Date received local registrar) (b) Elizabeth Warner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 27
1942 to Sept. 28 1942
that I last saw him alive on Sept. 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardites Duration 2 yrs.

Due to 93d
Due to

Other conditions Uremia 2 days
(Include pregnancy within 3 months of death)

Major findings: D. S. Keith D. Swan D.O. PHYSICIAN
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?
While at work? (Specify type of place) (e) Means of injury 2

23. Signature (M. D. or other)
Address Date signed

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

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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.....

Clarence A. Jones

Licensed Embalmer No. 2978

P. O. Address. Bellflower 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.