

FILED JAN - 7, 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. **4188**

Registrar's No. **17**

1. PLACE OF DEATH

(a) County **Gasconade**  
(b) City or town **Owensville, Mo.**  
(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)  
In this community **7 yrs 4 Mo.** years, months or days

3. (a) PRINT FULL NAME **Tillie Myrtle Bezuchamp**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband **Carlyle Allen Bezuchamp** 6. (c) Age of husband **39** years

7. Birth date of deceased **Jan 18 1903** (Month) (Day) (Year)

8. AGE: Years **45** Months **5** Days **24** If less than one day hr. min.

9. Birthplace **Belle Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business \_\_\_\_\_

12. Name **Rev. Wm Wilcox**

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

14. Maiden name **Myrtle Beyer Wilcox**

15. Birthplace **Belle Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Carlyle Allen Bezuchamp**

(b) Address **Owensville, Mo.**

17. (a) **Burial** (b) Date thereof **12-6-42** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. 2 in Ch.**

18. (a) Signature of funeral director **J. H. Murray**

(b) Address **Owensville, Mo.**

19. (a) **12-5-42** (b) **Myrtle M. Wenzel** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Gasconade**  
(c) City or town **Owensville** (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4** year **1942** hour **8** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Aug. 18** 19**42** to **Dec 4** 19**42**  
that I last saw her alive on **Dec 4** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of recto-sigmoid** Duration **3 days**

Due to **Carcinoma of recto-sigmoid** 1 yr.

Due to **462**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of recto-sigmoid with metastases** Of autopsy **none** 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 **Paul A. Brown** (M. D. or other) **Paul**  
Address **Owensville, Mo.** Date signed **12-5-42**

**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 *Me*

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

Signed.....

Licensed Embalmer No. *3749*

P.O. Address *Owensville, 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, above space should be left blank.**