

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2508

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 157
 (b) Township _____ Primary Registration District No. 3028 Registered No. 31
 (c) City Carthage or _____ (d) Street No. 0 W. Lane Brooks St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 4 (f) How long in U.S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME Dena Bedford

(a) Residence, No. States City, Mo St. (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE 1 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND (OR) WIFE OF J. B. Bedford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 5, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Jan 26 - 1943 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lanshire Co., Mo

FATHER 13. NAME Chris. Wiese
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

MOTHER 15. MAIDEN NAME Charlotte Frederking
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

17. INFORMANT N. H. Wendler (ADDRESS) States City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove Cem DATE Feb 2, 1943

19. FUNERAL DIRECTOR (NAME) H. D. Rossett (ADDRESS) W. Vernon, Mo20. FILED Feb 3, 1943 E. Elizabeth Corplem Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1943, to Jan 31, 1943
 First saw h. or alive on Jan 31, 1943 Death is said to have occurred on the date stated above, at 9:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset Jan 27
Apoptotic stroke
 Other contributory causes of importance: 830
Hyper tension 1940

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. H. Rossett, M. D.
 (Address) Carthage, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

43-1-86

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.....

working under my personal supervision.

Signed.....

Max L. Fossett

Licensed Embalmer No. *4252*

P. O. Address *Sarcombe, 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.