

FILED JUN 7 1943

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **165**

1. PLACE OF DEATH:

(a) County **in Pettis Beseau**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis 80**
(c) City or town **Sedalia 6**
(If outside city or town limits, write "RURAL")
(d) Street No. **4** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Anna May Beseau**

3. (b) If veteran, name war **0** 3. (c) Social Security No. **0**

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

6. (b) Name of husband or wife **0** 6. (c) Age of husband or wife if alive **0** years

7. Birth date of deceased **May 20 1943**
(Month) (Day) (Year)

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

9. Birthplace **Sedalia Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **0**

11. Industry or business **0**

MOTHER FATHER {
12. Name **William Henry Beseau**
13. Birthplace **Topeka Kansas 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Fisher**
15. Birthplace **Climax Springs Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Beseau**

(b) Address **Sedalia Mo.**

17. (a) **burial** (b) Date thereof **May 21 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **5/21/43** (b) **Anna Berger**
(Data received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**
year **1943** hour **4 AM** minute **0** M.
21. I hereby certify that I attended the deceased from **5/20**
1943 to **5/21**, 1943;
that I last saw her alive on **5/20**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia with 6 months**

Due to **0**

Due to **0**

Other conditions **159**
(Includes pregnancy within 3 months of death)
Major findings:
Of operations **0**
Of autopsy **0**

Duration
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) **0**
(b) Date of occurrence **0**
(c) Where did injury occur? **0**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? **0** (Specify type of place) (e) Means of injury **0**
23. Signature **J. E. Shively** (M. D. or other)
Address **Sedalia Mo** Date signed **5/21/43**

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

80
6
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-3-43

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.....

Was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.