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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22687**  
Registrar's No. **32**

**FILED JUL 12 1943**  
Registration District No. **66**

Primary Registration District No. **6244**

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

1. PLACE OF DEATH:  
(a) County Washington  
(b) City or town runa, Kansas  
(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 Two weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Washington  
(c) City or town CADET MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. RI  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Andrew Fabian Bequerette  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or face W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 27 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Bliss Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. MOTHER FATHER  
12. Name Joseph Bequerette  
13. Birthplace Bliss Mo. O  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Calernan  
15. Birthplace Old Mines Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Noah Bequerette  
(b) Address CADET RT 1 MO.  
17. (a) Burial (b) Date thereof 6 12 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines Mo.  
18. (a) Signature of funeral director Boyer-Turner  
(b) Address TO TO ST MO.  
19. (a) 6-10-1943 (b) Joseph L. Thurman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 10  
year 1943 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from June 9  
1943, to June 10, 1943  
that I last saw him alive on June 9, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Due to Bronchitis  
Due to following cold  
3 wks before  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy nr  
108

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 J. F. Cresswell (M. D. and Public Health Officer)  
Address Patton MO Date signed 6/10/43

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

806 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 743-245

Date Filed 7-10-43

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 \_\_\_\_\_

\_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 458

P. O. Address POTOMAC MD

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.