

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31413**

Registration District No. **61**

Primary Registration District No. **4107**

Registrar's No. **50**

1. PLACE OF DEATH:
(a) County **CEDAR**
(b) City or town **EL DORADO SPRINGS**
(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 years, months or days)

3. (a) PRINT FULL NAME **GEORGE N BEDFORD**
3. (b) If veteran, name war **No** 3. (c) Social Security No.

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **1** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **JANUARY 31 1896**
(Month) (Day) (Year)

8. AGE: Years **47** Months **7** Days **16** If less than one day hr. min.

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

10. Usual occupation **LABORER**

11. Industry or business
12. Name **JOHN BEDFORD**
13. Birthplace **PA**
(City, town, or county) (State or foreign country)
14. Maiden name **LILLIAN WENTON**
15. Birthplace **NEB**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Martha White**
(b) Address **El Dorado Springs, Missouri**
17. (a) **BURIAL** (b) Date thereof **9/8/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SANDRIQUE (Cemetery)**
18. (a) Signature of funeral director **Gunn-Siders**
(b) Address **El Dorado Springs, Mo**
19. (a) **9/8/43** (b) **L. J. Conway**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **CEDAR**
(c) City or town **EL DORADO SPRINGS**
(If outside city or town limits, write "RURAL")
(d) Street No. **204 W. JOE DAVIS**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7**
year **1943** hour **3** minute **a** M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pericarditis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death) **90 F**

Major findings:
Of operations
Of autopsy
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)
(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 **Coroner**
23. Signature **O. B. Siders** Date signed **9/8/43**
Address **El Dorado Springs, Mo.**

RECEIVED

District Health Officer No. 7;

District File Number 9-43-1046

Date Filed 10-13-43

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
working under my personal supervision.

Signed

Licensed Embalmer No. 2034

P. O. Address Edwards Springs, 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.