

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38617

Registration District No. 179

Primary Registration District No. 5667

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Bedford
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JAMES MADISON BESTERFELDT

3. (b) If veteran, name war X 3. (c) Social Security No. +

4. Sex male 5. Color or race w 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Rosa Besterfeldt 6. (c) Age of husband or wife if alive 50+ years
7. Birth date of deceased Jan 12 1966
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 19 hr. min.

9. Birthplace ELSGA Ill
(City, town, or county) (State or foreign country)

10. Usual occupation nursery man

11. Industry or business
12. Name Fred Besterfeldt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Julia Seyler
15. Birthplace Pennal
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. M. Besterfeldt

(b) Address Siler Mo.

17. (a) Burial (b) Date thereof Nov. 21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cemetery

18. (a) Signature of funeral director Spark Bausch

(b) Address Bowling Green Mo.

19. (a) Nov. 24-43 (b) Mrs. Hay Jackson
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Rural
(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. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 P.
year 1943 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 10, 1935, to Nov 5, 1943
that I last saw him alive on Nov 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to arteriosclerosis
hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature R. M. Penn (M. D. certificate) MD

Address Siler Date signed 11/21/43

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1944

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.....

Ernest Banks Head

Licensed Embalmer No. *2214*

P. O. Address *Bowling Green, Ind.*

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.