

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED JAN 10 1944

Registration District No. 22

Primary Registration District No. 5112A

Registrar's No. 38

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town RURAL SCOPUS TOWN
(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)
In this community 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollingers
(c) City or town Purch
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi S and West Sedgewick side
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES-FRANCIS-BESHE

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

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Beshe
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept 19 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
12. Name John Beshe
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Karpark
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Beshe
(b) Address Sedgewick Mo
17. (a) Burial (b) Date thereof 12-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Wilson S. Seabaugh
(b) Address JACKSON MO
19. (a) Dec 27 1943 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 43 hour 9:45 minute 4 M.

21. I hereby certify that I attended the deceased from not to 1942
to Dec 23 1943
that I last saw him alive on Dec 23rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of left ventricle Duration 6 hr
Due to Mitral Stenosis with Regurgitation 67 yrs

Other conditions (Include pregnancy within 3 months of death) g2b

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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 DD
23. Signature Edith P. Patten (M. D. or other) DD
Address Patten, Mo Date signed 12/24/43

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

1065

RECEIVED

District Health Officer No. 4
District File Number 144-3148
Date Filed 1-6-44

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.