. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3046

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Howard,
(b) City or town Fayette,
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 45

(a) State Missouri, (b) County Howard, /
(c) City or town Fayette, /
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Nora Payne Bedford,

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

4. Sex Female
5. Color or race White,
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Edwin W. Bedford,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July - 18th 1856 (Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
FATHER
12. Name Thomas J. Payne,
13. Birthplace Kentucky, (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Martha Benson,
15. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
16. (a) Informant Tom Bedford,
(b) Address Fayette, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12-27-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Burial,
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 12-31 1943 (Date received local registrar) (b) Ernest McWillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1943 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-14-43, 19, to 12-25, 1943 that I last saw him alive on 12-14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 days
Due to ✓	
Due to ✓	
Other conditions Chronic Cardio-Vascular renal disease (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy 3/a

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wa Bloom (M. D. or other) M. D.
Address Fayette MO Date signed 12-31-43

1321 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-18-44

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 Guy T. Halley

Licensed Embalmer No. 2966

P. O. Address Fayette Me

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.