

Form No. 2
M-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14059

State File No. _____

FILED MAY 13 1944

Registration District No. 38

Primary Registration District No. 3.006-

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 624 West Rollins St. 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 54 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 624 W. Rollins 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN STEPHEN BEDFORD

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Irma Bedford 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 - 15 - 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen Bedford
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sally Barger
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John S. Bedford
(b) Address 624 W. Rollins, Columbia, Mo.

17. (a) Burial (b) Date thereof 4-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 4-20-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from Jan - 2 - 1944 to 4 - 19 - 1944
that I last saw him alive on 4 - 18 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to Cerebral Neurology several years ago.

Due to _____
Other conditions 830!
(Include pregnancy within 3 months of death)

Major findings: Of operations None PHYSICIAN _____
Of autopsy None 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) No
(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? No (Specify type of place) (e) Means of injury _____
23. Signature W. H. Dyson (M. D. or other) M. H.
Address Columbia, Mo. Date signed 4-19-44

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

0
2
4

1250

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-11-44

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 M. W. Whitman.....

Licensed Embalmer No. 3893.....

P. O. Address Columbia.....

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.