

FILED JUN 15 1944

Primary Registration District No. 4066

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Athchison
 (b) City or town Tarkio
(If outside city or town limits, write "RURAL" and name of township)
 (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 5 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Athhison 3
 (c) City or town Tarkio
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM LAWRENCE BEBOUT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar
 6. (b) Name of husband or wife Ettie Bebout 6. (c) Age of husband or wife if alive 74 years 1889

7. Birth date of deceased April 25 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>--</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Retd farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Aren Bebout
 { 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 { 14. Maiden name Sarah Wood
 { 15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.L. Bebout
 (b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 5/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
 (b) Address Tarkio, Mo.

19. (a) May 9 1944 (b) Mrs. W. L. Cunningham
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
 year 1944 hour 7 minute 40 a.m.

21. I hereby certify that I attended the deceased from 20-1-
 1944 to April 30, 1944,
 that I last saw him alive on April 29, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage
 Due to Atherosclerosis

Duration 3 yrs

Due to _____

Other conditions g2a1
(Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature W. L. Davis (M. D. or other) _____
 Address Tarkio, Mo. Date signed 5-1-44

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

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 *John M. Davis*
Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.