

FILED SEP 23 1944

State File No. _____

Registration District No. 300

Primary Registration District No. 6242

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Blackwell Rural (Kemp)
(c) Name of hospital or institution: Sub?
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 3 months years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington
(c) City or town Blackwell Rural III
(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 BETTY JEAN BEQUETTE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 8 1944
(Month) (Day) (Year)

8. AGE: Years 0 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Roy Bequette
13. Birthplace Wash Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Missley
15. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Bequette
(b) Address Hillsboro Mo.

17. (a) Burial (b) Date thereof Aug. 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Cemetery

18. (a) Signature of funeral director Joseph B. ...
(b) Address St. Ann's ...

19. (a) 8-10-44 (b) Jose L. Fluerman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1944 hour 9 minute 4.00 A.M.

21. I hereby certify that I attended the deceased from Aug 8, 1944 to Aug 9, 1944
that I last saw her alive on Aug 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis (ulcerative) Duration 3 weeks

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1190

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)
(e) Means of injury 2

23. Signature J. P. ... (M.D. or other) Dr.
Address St. Ann's, Mo. Date signed 8-9-44

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

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RECEIVED

District Health Officer No. 4
District File Number 944-4326
Date Filed 9-20-44

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.....

Daniel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address.....

Depto 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.