

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **57711**

FILED DEC 7, 1944

Registration District No. **4193**

Primary Registration District No. **4193**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County **Gasconade Co.**  
(b) City or town **Hermann, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Workman Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **70 years 10 m 19** (Specify whether years, months or days)  
In this community **70 years 10 m 19**

3. (a) PRINT FULL NAME

**Rosa Paulina Bezdol**

3. (b) If veteran,

name war **XX**

3. (c) Social Security

No. **XX**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **January 8th, 1874** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **January 8th, 1874**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **19** If less than one day hr. min.

9. Birthplace **Loutre Island, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Gottlieb G. Bezdol**  
13. Birthplace **Wurtemberg, German**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Pauline M. Biedermann**  
15. Birthplace **Wurtemberg, German**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. A. Bezdol**  
(b) Address **McKittrick Mo.**

17. (a) **Burial** (b) Date thereof **Nov 30th, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bezdol Cemetery**

18. (a) Signature of funeral director **Baldon Barker**  
(b) Address **Americus, Mo.**

19. (a) **Nov. 28/44** (b) **A. H. Liedler**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery Co.**  
(c) City or town **McKittrick, Mo. Rural**  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27th**, year **1944** hour **12** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov 21 - 1944** to **Nov 28 - 1944**  
that I last saw her alive on **Nov 28 - 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Uterus**  
Duration

Due to **H9d**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations  
Of autopsy  
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  
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? (a) Means of injury

23. Signature **Howard Horkman** (M. D. or other)  
Address **Hermann Mo.** Date signed **11-28-44**

JUL 25 1943

MAY 29 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-5-44

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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.....

D. B. Baker......, Registered Apprentice No.....

working under my personal supervision.

Signed D B Baker.....

Licensed Embalmer No. 3875.....

P. O. Address Americus, 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.