

S. No. 2
OM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9458

State File No.

FILED APR 6 1945
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1010 East Capitol Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 East Capitol Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elizabeth Ellen Bedsworth

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. E. Bedsworth
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 31 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph M. Hughes

13. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Parsons

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Bedworth

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date of death Mar-30-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shop Gordon

(b) Address Jefferson City, Missouri

19. (a) 3-30-45 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day March
year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to March 28 1945
that I last saw her alive on 3/28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to 6 a of rectum

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

Major findings: Of operations H6d
Of autopsy _____

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 _____

23. Signature M. R. Bedworth (M. D. or other) _____
Address Jefferson City Date signed 3/28/45

Duration 27
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

26
5
4

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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.....

Licensed Embalmer No. 3890

P. O. Address.....

Jefferson City 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.