

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 16 1948

Registration District No. 301

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21086-A

Registrar's No. 2316

Primary Registration District No. 6-4-1-6-43

1. PLACE OF DEATH:

- (a) County Ripley
 (b) City or town Rural Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(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)3. (a) PRINT FULL NAME Zaphia Besta

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

4. Sex
- female
5. Color or race
- white
6. (a) Single, widowed, married, divorced
- married

6. (b) Name of husband or wife
- Anton Besta
6. (c) Age of husband or wife if alive
- 70
- years

7. Birth date of deceased
- Feb. 14 1875
-
- (Month) (Day) (Year)

8. AGE: Years
- 79
- Months
- 4
- Days
- 13
- If less than one day
-
- hr. _____ min. _____

9. Birthplace
- Poland
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business _____

12. Name
- Stanley Skladvnowkil

13. Birthplace
- Poland
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Maggie Skladvnowkil

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

16. (a) Informant
- Joe Besta

- (b) Address
- Naylor, Mo.

17. (a)
- Burial
- (b) Date thereof
- 6/29/45
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Fairdealing Mo

18. (a) Signature of funeral director
- Minnie Gish

- (b) Address
- Naylor, Mo.

19. (a)
- 7-17-48
- (b)
- E. G. Johnston
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ripley
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")

- (d) Street No.
- 3 miles N Of Naylor
-
- (If rural, give location)

- (e) Citizen of foreign country?
- no
- (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- June
- day
- 27
-
- year
- 1945
- hour
- 4
- minute
- :00
- Am.

21. I hereby certify that I attended the deceased from

June 10 1945 to June 27 1945
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death

lobar pneumonia

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

cardiac degeneration

Major findings:

Of operations notOf autopsy no

Duration

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) (b) Means of injury _____

23. Signature
- Heavehill
- (M. D. or other)
- me

- Address
- Naylor Mo
- Date signed
- 7-17-48

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

MOTHER FATHER

RECEIVED 8-9-48
District Health Officer No. 5
District File Number 848509
Date filed 8-10-48

AUG 18 1948

OCT 27 1955

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 Bryan Mc Cord
Licensed Embalmer No. 4079
P. O. Address Weymouth, Mass

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.