

No. 2  
4-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF TRADE MARKS  
**FILED NOV 8 1945**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**33370**  
State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 350

1. PLACE OF DEATH:  
(a) County Wape Sarraubeau  
(b) City or town Wape Sarraubeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1/2 day  
(Specify whether years, months or days)  
In this community 1/2 day

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ballinger  
(c) City or town Zalma  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SAMUEL GRANT BEDWELL  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 27 year 1945 hour 12 minute 15 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hessie Bedwell 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Dec. 27, 1906  
(Month) (Day) (Year)

Immediate cause of death Cholelithiasis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
78 10 0 hr. \_\_\_\_\_ min.

Other conditions Pneumonia (108)  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Not known  
(City, town, or county) (State or foreign country)  
10. Usual occupation Beloved Farmer

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Andrew J. Bedwell  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Lizbeth Beck  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sam M. Bedwell  
(b) Address Zalma, Mo.  
17. (a) Burial (b) Date thereof Oct. 29 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Baker

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? \_\_\_\_\_

18. (a) Signature of funeral director Clayton S. Morgan  
(b) Address Advance, Missouri  
19. (a) 10-31-1945 (b) G. L. Summers  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature G. L. Summers (M. D. or other) \_\_\_\_\_  
Address Wape Sarraubeau Date signed 10/27/45

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

RECEIVED

District Health Officer No. 4  
District File Number 1145-1275  
Date Filed 11-6-45

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.....

Glenn S. Morgan....., Registered Apprentice No.....  
working under my personal supervision.

Signed Glenn S. Morgan.....

Licensed Embalmer No. 3301

P. O. Address Advance, 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.