

FILED DEC 8 1945
Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
In this community Most of his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette, Missouri
(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 Frederick James Besgrove

3. (b) If veteran, name war ----- 3. (c) Social Security No. 666-

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Aggie S. Maupin Besgrove 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased November 15, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months -- Days 5 If less than one day hr. _____ min. _____

9. Birthplace Bridgewater England
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -----

MOTHER FATHER { 12. Name William B. Besgrove
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Stowers
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Bradley
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 11-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 11-23-45 (b) Anna P. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1945 hour 3:00 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov 8
1945 to Nov 20 1945
that I last saw him alive on Nov 20
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 wks

Due to Cardio-Vascular Renal disease

Due to -----
Other conditions Pericious Anemia 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13/10
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 _____
Signature W. Bloom (M. D. or other) M.D.
Address Fayette, Mo Date signed 11-23-45

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

15
1

RECEIVED

Sanitary Health Officer No. 8.

Inst. File Number _____

Date Filed 12-7-41

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. 3340

P. O. Address Jayette 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.