S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37772

Registration District No. 1 2 8 Primary Registration District No. 5665 Registrar's No. 81

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

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Rural - Salem Twp.
(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 —
In this community 41 years.
(Specify whether years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Lewis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Salem Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Frank Berry Bedinger
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lena Smith
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May - 18 - 1856 (Month) (Day) (Year)

8. **AGE:** Years 89 Months 5 Days 3 If less than one day — hr. — min.

9. Birthplace Adams County Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business —

MOTHER FATHER
12. Name Unknowned
13. Birthplace Unknowned (City, town, or county) Unknowned (State or foreign country)
14. Maiden name Unknowned
15. Birthplace Unknowned (City, town, or county) Unknowned (State or foreign country)

16. (a) Informant Dr. W. E. Patterson
(b) Address Steffanville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Steffanville Cemetery
18. (a) Signature of funeral director Nelson D. Todd
(b) Address Lebelle
19. (a) 10-24-45 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature) PW

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 21st
year 1945 hour 5 o'clock minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 21 1940 to Date of death 1945; that I last saw him alive on 10-21-45 P.M. 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis (Duration)
Due to Bronchial Infection
Due to Senility & Debility
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

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? (Specify type of place)
(e) While at work? — (e) Means of injury —

23. Signature Dr. W. E. Patterson (M. D. or other) DO
Address Bakersfield Mo Date signed 10-22-45

987 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1741
Date Filed NOV 27 1945

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 Norman D. Cooke

Licensed Embalmer No. 3721

P. O. Address Farbella, 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.