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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8804

Registration District No. 66 Primary Registration District No. 4116 Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton Codell

(b) City or town Sumner Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cunningham Twp. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21

(c) City or town Sumner Mo. (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lillie M Bedell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband ~~or wife~~ Robert K Bedell

6. (c) Age of husband ~~or wife if~~ alive 75 years

7. Birth date of deceased Mar 9th (Month) 1880 (Day) (Year)

8. AGE: Years 65 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Columbus Grove Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James H Dawson
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ellen Boswell
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Robert K Bedell

(b) Address Sumner Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/46 (Month) (Day) (Year)

(c) Place: burial or cremation Lakeside Cemetery

18. (a) Signature of funeral director S. L. Leipard

(b) Address Hendon Mo.

19. (a) Mar 16 '46 (Date received local registrar) (b) Martha Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9th year 1946 hour 5 minute 25 A M.

21. I hereby certify that I attended the deceased from Jan 1945 to Mch 9 1946 that I last saw her alive on Mch 9 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	14 Mos
Due to Chronic Valvular disease (Noncompensating)	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

Gd

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)

While at work? (e) Means of injury 0

23. Signature J. W. Hardy (M. D. ~~or other~~)

Address Sumner Date signed 3/10 46

57

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1946

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 S L Leipard

Licensed Embalmer No. 3970

P. O. Address Meridon 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.