

FILED SEP 10 1946

Registration District No. **274**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Two days**
In this community **Two days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clara Bestgen**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louis A. Bestgen**
6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **March, 2nd, 1891**
(Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **23**
If less than one day hr. min.

9. Birthplace **Pettis County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Martin Dueber**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Lefflor**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis A. Bestgen (Husband)**

(b) Address **Tipton, Mo**

17. (c) **Removal & Burial** (b) Date thereof **8/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Cemetery, Tipton, Mo.**

18. (a) Signature of funeral director **Jamesa E. ...**

(b) Address **Tipton, Mo**

19. (a) **8-25-46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

(c) **Deputy** Address **Sedalia Mo** Date signed **8/25/46**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monticau**
(c) City or town **Tipton**
(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 **Native**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25th**
year **1946** hour **3** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **8/23-46**
19 **46** to **8/25** 19 **46**
that I last saw her alive on **8/25**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **instant**

Due to **Hypertensive disease**

Due to **W. decompensation of heart**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature **Dr. Syer** (M. D. or other) **M.D.**
Address **Sedalia Mo** Date signed **8/25/46**

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed _____

9-7-66

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Jessie E. Richards.

Licensed Embalmer No.

2466

P. O. Address

Lipton me

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.