No. 2
—5-43
5-17-39
X36671

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

29935

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31104

Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 60

1. PLACE OF DEATH:

(a) County PERRY

(b) City or town 'RURAL' CENTRAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PERRYVILLE, MO ROUTE #1 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 (LIFE)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PERRY 79

(c) City or town 'RURAL' 0
(If outside city or town limits, write "RURAL")

(d) Street No. PERRYVILLE MO. ROUTE #1 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME JOAN MARIE BESAND

3. (b) If veteran, name war —

3. (c) Social Security No. — NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased OCTOBER (Month) 19 (Day) 1944 (Year)

8. AGE: Years 1 Months 9 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace PERRY COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation NONE

11. Industry or business —

FATHER
12. Name LEO A. BESAND
13. Birthplace PERRY COUNTY (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name JOSEPHINE UNTERREINER
15. Birthplace CAPE COUNTY (City, town, or county) MO (State or foreign country) 0

16. (a) Informant MR LEO A. BESAND

(b) Address PERRYVILLE MO. ROUTE #1

17. (a) MT HOPE CEM. PERRYVILLE MO (Burial, ~~cremation, or removal~~) (b) Date thereof AUG (Month) 18 (Day) 1946 (Year)

(c) Place: burial or ~~cremation~~ MT HOPE CEM. PERRYVILLE MO

18. (a) Signature of funeral director Albert H Bey

(b) Address PERRYVILLE, MISSOURI

19. (a) Aug 17 1946 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~OCT~~ AUG day 16
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 16 AUG, 1946, to 16 AUG, 1946
that I last saw her alive on 16 AUG, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ANHYDREMIA & EXHAUSTION	(2) Two Days
Due to ACUTE GASTROENTERIC INTOXICATION & INFECTION	3 DAYS
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

114A

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 .....

23. Signature L W Felts M.D. (M. D. or other) 0

Address Perryville, Mo. Date signed 17 Aug, 1946

250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 946-2626
Date Filed 9-17-46

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 LeRoy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville 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.