

No. 5-43
17-39
X36671

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

FILED DEC 6 1946
Registration District No. **200**

Primary Registration District No. **5451**

1. PLACE OF DEATH:
(a) County **Putnam - Milan Township**
(b) City or town **Albion**
(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 **life time** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs Rebecca E. Best**
3. (b) If veteran, name war **L**
3. (c) Social Security No. **✓**
4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Ed Best**
6. (c) Age of husband or wife if alive **27** years (Month) (Day) (Year)
7. Birth date of deceased **Feb 27 1862** (Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **20** If less than one day hr. min.

9. Birthplace **Putnam Co MO** (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business **at home**
12. Name **Laura Blount**
13. Birthplace **MO** (City, town, or county) (State or foreign country)
14. Maiden name **Lucinda Roberts**
15. Birthplace **MO** (City, town, or county) (State or foreign country)

16. (a) Informant **Mar Gling Miller**
(b) Address **Stonbury Mo R.D.**
17. (a) (Burial, cremation, or memorial) (b) Date thereof **11/19/46** (Month) (Day) (Year)
(c) Place: burial or cremation **Reverend Hill Cemetery**
18. (a) Signature of funeral director **Walter F. Pfeiffer**
(b) Address **Stonbury Mo**
19. (a) **Nov 19 1946** (Date received local registration) (b) **James M. Miller** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Putnam**
(c) City or town **Albion** (If outside city or town limits, write "RURAL")
(d) Street **Milan Township** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **17** year **1946** hour **4** minute **10 P.** M.
21. I hereby certify that I attended the deceased from **Nov 17 1946** to **Nov 17 1946**
that I last saw him alive on **Nov 17 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **93P**
Of autopsy
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature **C. J. Pray** (M.D. or other) **DO**
Address **Albion MO** Date signed **11/18/46**

Dr. C. J. P. 24
Albany Mo.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, ~~by~~

~~Registered Embalmer No.~~

working under my personal supervision.

Signed

Leroy H. Phillips

Licensed Embalmer No.

1898

P. O. Address

Stoutburg 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.