S. No. 2
DM—2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1946
Registration District No. 233

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

37787
State File No.

Primary Registration District No. 4348
Registrar's No. 20

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

**1. PLACE OF DEATH:**
(a) County MONTGOMERY
(b) City or town WELLSVILLE Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution NORTH SECOND ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 MONTH
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County MONTGOMERY
(c) City or town WELLSVILLE,
(If outside city or town limits, write "RURAL")
(d) Street No. NORTH SECOND ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IVA ANN BESHEARS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ C. D. BESHEARS
6. (c) Age of husband ~~or wife~~ If alive 69 years
7. Birth date of deceased MARCH (Month) – 12 (Day) – 1905 (Year)

8. AGE: Years 41 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace LUTEVILLE-BOLLINGER-COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEVILLE
11. Industry or business

MOTHER FATHER
12. Name WILLIAM BREWER
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name SELANIE McCOY
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR BREWER
(b) Address VANDALIA Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW FLORENCE CEMETARY
18. (a) Signature of funeral director Glen E. Smith
(b) Address Vandalia, Mo.
19. (a) 11-20-46 (Date received local registrar) (b) Thos. Merritt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 18
year 46 hour 7 minute 45 P M.
21. I hereby certify that I attended the deceased from May 1 1946 to Nov 18 1946
that I last saw him alive on Nov 18 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma Uterus | 8 mo |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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 (M. D. or other)
Address Wellsville Mo. Date signed 11-20-46

211

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed ..... 11-25-46

## 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 Clyde L. Wibley

Licensed Embalmer No. 3820

P. O. Address Perry, 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.**