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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947
Registration District No. 240

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44428
Registrar's No. 38

Primary Registration District No. 5827

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural New Madrid Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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)

3. (a) PRINT FULL NAME James L. Bedford.
3. (b) If veteran _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Mal. 5. Color or race W. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Oct 91 46
(Month) (Day) (Year)

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

9. Birthplace Hazel Ark. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Liberty
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Sara L. Bedford
15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Sara L. Bedford
(b) Address Elbow

17. (a) Burial (b) Date thereof 12/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sand Hill

18. (a) Signature of funeral director [Signature]
(b) Address Elbow Ark

19. (a) 1-3-47 (b) H. L. Rander Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Rural New Elbow
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 46 hour 1 minute 45 M.

21. I hereby certify that I attended the deceased from 12/13/46
not attend to deceased
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Inard Duration _____

Due to ✓

Due to ✓

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 200
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)
Means of injury _____

23. Signature [Signature] (M. D. or _____)
Address [Signature] Date signed 12-14-46

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.