S. No. 2
I—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 121

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13210

Primary Registration District No. 4200

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Ash Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 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: 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Ash Grove 1
(If outside city or town limits, write "RURAL")
(d) Street No.: — 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Charles Behem
3. (b) If veteran, name war
3. (c) Social Security No. 1
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of ~~husband or~~ wife: Virginia Behem
6. (c) Age of ~~husband or~~ wife if alive ..... years
7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years 70 | Months | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business
MOTHER FATHER
12. Name: John Behem 1
13. Birthplace: Ill (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Virginia Behem
(b) Address: Ash Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ash Grove
18. (a) Signature of funeral director: Morgan Funeral
(b) Address: Ash Grove Mo.
19. (a) 4/26/47 (Date received by local registrar) (b) Irene C. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21 year 1947 hour 8 minute 30 p. M.
21. I hereby certify that I attended the deceased from April 11, 1947, to April 21, 1947, that I last saw him alive on April 21, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis	5 days
Due to: Extensive Burn on Leg	10 days
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): Burn on Leg 39
(b) Date of occurrence: April 11-1947 1
(c) Where did injury occur? April 11-1947 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: Burn 0
23. Signature: Dr Charles H. Orr M.D. (M.D. or other)
Address: Ash Grove Mo Date signed 4/22/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 47-4-50
Date Filed 4-29-47

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 Maude O. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.