

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43933

State File No.

FILED JAN 8 1948

Registration District No. 335

Primary Registration District No. 6118

Registrar's No.

1. PLACE OF DEATH:

(a) County SCOTT
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ABOUT 4 MILES NORTH OF ORAN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community ALL OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT MO
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ABOUT 4 MILES NORTH OF ORAN
(If rural, give location)
Citizen of foreign country? NO (Yes or No)
Days, name country

3. (a) PRINT FULL NAME PAUL BECHEL
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 8
year 1947 hour 2 minute 40 P. M.
21. I hereby certify that I attended the deceased from 11-24 1947 to 12-8 1947
that I last saw him alive on 12-7 1947
and that death occurred on the date and hour stated above.

4. Sex MALE (1) 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY 2 1889
(Month) (Day) (Year)

Immediate cause of death Lung Abscess
Duration

8. AGE: Years 60 Months 10 Days 6
If less than one day hr. min.

Due to Pneumonia (Lobar)

9. Birthplace ORAN MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within months of death)

10. Usual occupation RETIRED FARMER

Major findings Of death 108
Of autopsy

11. Industry or business

MOTHER FATHER {
12. Name MICHAEL BECHEL
13. Birthplace SCOTT COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name CLARA FORNES
15. Birthplace SCOTT COUNTY MISSOURI
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. NICK SCHEETER
(b) Address ORAN, MISSOURI

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?

17. (a) BURIAL (b) Date thereof Dec-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OLD GUARDIAN ANGEL

18. (a) Signature of funeral director Earl J. Smith
(b) Address Oran, Missouri

23. Signature [Signature] (M. D. or other) [Signature]
Address Cape Girardeau Date signed 12/9/47

19. (a) Jan 3-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 148-12
Date Filed 7-2-52

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 Earl J. Smith
Licensed Embalmer No. 2676
P. O. Address Oran, 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.