

FILED AUG 3 1948

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1119 North Mulberry /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY L. BEHM

3. (b) If veteran, name, war none
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Margaret M. Behm
 6. (c) Age of husband or wife if alive dec years
 7. Birth date of deceased Feb. 8, 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 10 hr. min.

9. Birthplace Pickering Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer - retired11. Industry or business Farming

MOTHER FATHER
 { 12. Name Peter Behm
 { 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Catrina Grachser
 { 15. Birthplace Wisconsin
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Della Behm
 (b) Address Maryville, Missouri
 17. (a) burial (b) Date thereof 7/21/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Patrick's cemetery

18. (a) Signature of funeral director Price Funeral Home
 (b) Address Maryville, Missouri
 19. (a) 7-24-48 (b) Bess Holtz
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
 (c) City or town Maryville 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1119 North Mulberry 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1948 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 18 1946 to July 18 1948
 and that death occurred on the date and hour stated above.
 I immediately cause of death Cerebral arteriosclerosis
 Duration 5 yrs

Due to Hypertension with brain
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy 97
 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?
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature P. A. Blainier (M. D. or other) _____
 Address Maryville Date signed 7/20/48

DISTRICT HEALTH OFFICE
Camden, Md.

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..... *John W. Price*
Licensed Embalmer No. *4281*
P. O. Address..... *Maryville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.