

National Office of Vital Statistics
FILED JUL 30 1948

Registration District No. 292

Primary Registration District No. 6084

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Ralls
 (b) City or town Illasco
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Residence /
 (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 George Besina

3. (b) If veteran,

name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
 divorced Married
 6. (b) Name of husband or wife Susan Kucera Besina 6. (c) Age of husband or wife if
 alive 68 years
 7. Birth date of deceased March 1, 1876
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

72423

hr. min.

9. Birthplace Czecho Slovakia

(City, town, or county)

(State or foreign country) 610. Usual occupation Farmer

Farmer

11. Industry or business XX12. Name George Besina13. Birthplace Czecho Slovakia

(City, town, or county)

(State or foreign country) 614. Maiden name Mary Bahil15. Birthplace Czecho Slovakia

(City, town, or county)

(State or foreign country) 616. (a) Informant Mrs. Martin Valentic(b) Address Illasco17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 7/26/48

(Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park18. (a) Signature of funeral director [Signature](b) Address 902 Broadway Hannibal Missouri19. (a) July 27, 1948

(Date received local registrar)

(b) N. F. Natus(Registrar's signature) 268

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87
 (c) City or town Illasco
 (If outside city or town limits, write "RURAL") 0
 (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 July day 27 24
 year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 17 to June 24, 1948
 that I last saw him alive on June 24, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Ca of stomach

Due to _____

Due to _____

Other conditions stroke

(Include pregnancy within 3 months of death)

Major findings: CerebralOf operations 46 B

Of autopsy _____

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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 [Signature] (M. D. or other) _____
 Address [Address] Date signed 7/27/48

JUL 30 1948

RECEIVED

District Health Officer No. 10

District File Number 7-48-136

Date Filed JUL 28 1948

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 _____

working under my personal supervision.

John S. Ward

Registered Apprentice No. 35

Signed _____

H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.