

FILED JUL 29 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6093

State File No. 25111

Registrar's No. 154

## 1. PLACE OF DEATH:

(a) County... Saline  
 (b) City or town... Marshall "Rural"  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Saline County Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... 23 years  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME IVA NORA BESANKO

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Fe / 5. Color or race W  
 6. (a) Single, widowed, married, divorced... widowed  
 6. (b) Name of husband or wife... John Besanko  
 6. (c) Age of husband or wife if alive... years  
 7. Birth date of deceased... Oct - 28 - 1879  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>10</u>	.....hr. ....min.

9. Birthplace... Trenton Mo  
(City, town, or county) (State or foreign country)10. Usual occupation... unemployed

## 11. Industry or business.....

12. Name... John Salade 9  
 13. Birthplace... unknown 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name... unknown  
 15. Birthplace... unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant... Mary J. Thomason  
 (b) Address... Marshall Mo  
 17. (a) Burial (b) Date thereof... 7-19-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation... Malta Bend Mo

18. (a) Signature of funeral director... Harry Hersberger  
 (b) Address... Marshall Mo  
 19. (a) July 19, 1948 (b) Sidney T. Gray  
 (Date received) (Registrar's signature) 2805

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Saline 97  
 (c) City or town... Marshall "Rural" 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. .... (If rural, give location) 0  
 (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... 4 minute... 30 A. M.

21. I hereby certify that I attended the deceased from...  
June 5 1948 to July 18 1948  
 that I last saw her alive on July - 17 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death... Arterial Sclerosis 7yr  
 Duration

Due to.....

Due to.....

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

Major findings: Of operations... 97

Of autopsy.....

## 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... Marshall Date signed 7/18/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

WRITE PLAINLY—USING ONE WORD

RECEIVED  
District Health Officer No. 8,

District File Number \_\_\_\_\_  
Date Filed 7-28-48

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 \_\_\_\_\_

Joseph R. Mackler Registered Apprentice No. 43  
working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.