No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29330

Registration District No. 180 Primary Registration District No. 3018 Registrar's No. 60

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent 33
(c) City or town Salem 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah E. Bedwell
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Reuben S. Bedwell
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March (Month) 29 (Day) 1895 (Year)

8. AGE: Years 53 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Reynolds County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name George Brown 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Sisco
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant R. S. Bedwell
(b) Address Salem, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Jadwin Cemetery
18. (a) Signature of funeral director Carl K Spencer
(b) Address Salem, Missouri
19. (a) 9/16/48 (Date received local registrar) (b) M. M. Hart M.D. (Registrar's signature) 93

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1948 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from July, 1948 to 9-14-48, 19
that I last saw her alive on 9-10-48, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	uncertain
Due to: carcinoma breast & thyroid	"
Due to:	
Other conditions: diabetes mellitus (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy 50

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury

23. Signature Jas D. Lu-Lord (M. D. or other) DO
Address Salem, Mo. Date signed 9-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-21-48
District Health Officer No. 5,
District File Number 94868
Date Filed 9-23-48

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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.