

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAR 2 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4624  
Registrar's No. 50

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County... HENRY

(b) City or town... CLINTON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
WETZEL Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 17 years (Specify whether years, months or days)

In this community... 17 years

3. (a) PRINT FULL NAME Wm Claude Besheer

3. (b) If veteran, name war... no

3. (c) Social Security No. 490-05-8899

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Edith Besheer

6. (c) Age of husband or wife if alive... 57 years

7. Birth date of deceased JAN 12 1890  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 15 If less than one day hr. min.

9. Birth Willow Spring Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Surveyor

12. Name Besheer

13. Birthplace Dont know  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E Smith

15. Birthplace no  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Besheer

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof May 1 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus & Beck

(b) Address Clinton Mo

19. (a) 2-28-48 (b) R P Kennedy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY 42

(c) City or town... CLINTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 503 E FRANKLIN 2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-5-48  
19... to 2-27 1948;

that I last saw him alive on 2-26-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia  
(My postmortem)

Due to arterial sclerosis

Due to Acute Gl. Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

1311

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Wm J. Natch (M.D. or other)

Address Clinton Mo Date signed 2/27/48

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

MAY 4 1948

RECEIVED  
District Health Officer No. 7,  
District File Number 2-48-163  
Date Filed 3-1-48

**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 J E Consalvo

Licensed Embalmer No. 1891

P. O. Address Clinton Ms

**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.**