No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14380

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 471

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

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor

(c) City or town Bedford
(If outside city or town limits write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th.
year 1940 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 20, 1940, to April 24, 1940
that I last saw him alive on April 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis

Due to Hypertrophy of Parotide gland

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy ✓

Duration

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 Charles Greenley (M. D. or other) 1
Address P.S.Dy St Joseph Mo Date signed

8. (a) PRINT FULL NAME ISSAC W. BEDELL

8. (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 Married

6. (b) Name of husband or wife Bertha I. Bedell

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

7. Birth date of deceased Nov. (Month) 10th. (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	14	____ hr. ____ min.

9. Birthplace Decatur County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Implement Dealer

11. Industry or business 1

FATHER
12. Name Caleb Bedell
13. Birthplace Decatur County (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Clara Webb
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Bertha Bedell
(b) Address Bedford, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation DECATUR, Iowa

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.

19. (a) April 25, 1940 (Date received local registrar) H. J. Nestlebush (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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 C. L. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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, above space should be left blank.