

No. 2  
-13-40  
17-39  
X23158

**MAR 17 1944**  
Registration District No. **7**

Primary Registration District No. **5627**

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

1. PLACE OF DEATH: **Lafayette**  
 (a) County **Lafayette**  
 (b) City or town **Oak Grove (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Smobar hosp**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1**  
(Specify whether years, months or days)  
 In this community **70 years**

3. (a) PRINT FULL NAME **Ida Theresa Bedsaul**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **770**

4. Sex **Fm.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **Peter Bedsaul** 6. (c) Age of husband or wife if alive **years**  
 7. Birth date of deceased **Sept 25 1864**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **21** If less than one day **hr. min.**

9. Birthplace **Penn. 1**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired housewife**  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Hersman**  
 13. Birthplace **Penn. 1**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **M. Severely**  
 15. Birthplace **Penn. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. O. I. Herzog**  
 (b) Address **6212 Agnes H.C. Mo.**  
 17. (a) **Burial** (b) Date thereof **Feb 17-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oak Grove, Mo.**

18. (a) Signature of funeral director **R. Blubb**  
 (b) Address **Oak Grove Mo.**  
 19. (a) **2-16-41** (b) **Mrs. E. J. Green**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Lafayette**  
 (c) City or town **Oak Grove (Rural) 54**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1 mile East**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb** day **15** year **41** hour **One** minute **35 P.M.**  
 21. I hereby certify that I attended the deceased from **Feb 12th**, 19**41**, to **Feb 15**, 19**41**.  
 that I last saw **her** alive on **Feb 15**, 19**41**.  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorag**  
 Due to **Arteriosclerosis**  
 Due to **83W**  
 Other conditions **advanced age**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
**416**  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature **E. Perry M.D.** (M. D. or other?) **1**  
 Address **Oak Grove - Mo** Date signed \_\_\_\_\_

~~Date Filed~~  
~~District File Number~~ 3-5-44  
and Health Officer No. 8,

**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..... *Rob Webb* .....

Licensed Embalmer No. *2353* .....

P. O. Address..... *Oak Grove 7* .....

**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.**