V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44023

Registration District No. 326 Primary Registration District No. 6209 Registrar's No. 57

1. PLACE OF DEATH:

(a) County: Texas

(b) City or town: Rural Piney Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles S/ of Houston
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: --------
In this community: 3 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Texas.

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

(d) Street No. 3 miles south of Houston Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME: Edwin Herman Best.

3. (b) If veteran, name war: No.

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

4. Sex: Male

5. Color or race: White.

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: Rosie Best.

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: July (Month) 20th, (Day) 1904. (Year)

8. AGE:

Years	Months	Days	If less than one day
39	5	8	hr. min.

9. Birthplace: ------ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming.

11. Industry or business: Farming.

FATHER
12. Name: William F. Best.
13. Birthplace: ---------- (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Martha Schobl
15. Birthplace: ---------- (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Rosa Best.
(b) Address: Houston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31st. '43 (Month) (Day) (Year)
(c) Place: burial or cremation: Shawneetown Mo.

18. (a) Signature of funeral director: G. V. Elliott
(b) Address: Houston Mo.

19. (a) 12/30/43 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th, year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 21, 1941, to Dec 28, 1943, that I last saw him alive on DEC 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: ACUTE PULMONARY ASTHMA

Due to: ACUTE BRONCHITIS

Due to:

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

Major findings:
Of operations:

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: L. M. Allman (M. D. or other) M.D.

Address: HOUSTON, MO Date signed 12-28

1240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14433
Date Filed 1-7-44

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.