

FILED DEC 11 1944

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West 2nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 22 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME GEORGE WASHINGTON BEDSAUL

3. (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 Bessie Lee Bedsaul 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 13, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	8	12	hr. min.

9. Birthplace Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation farmer (retired)

11. Industry or business on farm

12. Name Ira B. Bedsaul

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

14. Maiden name Amanda Jones

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Lee Bedsaul
(b) Address Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27/44
(Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Missouri

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri.

19. (a) 12-6-44 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Holden /
(If outside city or town limits, write "RURAL") 0
(d) Street No. West Second Street,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1944 hour 1/45 minute P M.

21. I hereby certify that I attended the deceased from June
1, 1939, to Nov 25, 1944
that I last saw him alive on Nov 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to 94

Other conditions Hypostatic Pneumonia
(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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Kelly Raylins (M. D. or other) _____
Address Holden Mo Date signed 11/29/44

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

MOTHER FATHER

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..... *M L Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Holden 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.