

FILED APR 11 1946

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 191

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(c) Name of hospital or institution: Missouri State Hospital No. 42
(d) Length of stay: In hospital or institution 20 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 94
(c) City or town Patterson 0
(d) Street No. Unknown 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DESSIE MAY BEDWELL

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel Bedwell- 2nd Husband 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 29, 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 26 If less than one day hr. _____ min.

9. Birthplace Wayne County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac Walk

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

14. Maiden name Lincoln

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 3-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem., Lutesville, Mo.

18. (a) Signature of funeral director Morgan Funeral Home
(b) Address Advance, Missouri

19. (a) 3/22/46 (b) Ether Rudloff
(Type received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25, year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 5, 1946 to Feb. 25, 1946 and that I last saw her alive on February 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 hrs

Due to _____

Due to _____

Other conditions ant. of pleural Pericarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations 83.1

Of autopsy No autopsy.

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 James H. Stock (M. D. or other) _____
Address Farmington Date signed 3/25/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 446-1993
Date Filed 4-10-46

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 Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advance 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.