No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17094

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 440

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital 0 (If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 25 min (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No. 425 E. Pine 6 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRIET MAXINE BEDELL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 24 (Day) 1928 (Year)

8. AGE: Years 19 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Student
11. Industry or business
MOTHER FATHER
12. Name Albert Bedell
13. Birthplace Springfield (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name Virginia Crittenden
15. Birthplace Springfield (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs. Virginia Franklin
(b) Address 425 E. Pine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial
18. (a) Signature of funeral director H. Y. Smith
(b) Address 702 N. Jefferson
19. (a) 6-3-47 (Date received local registrar) (b) W. E. Handley 4 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25 year 47 hour 10 minute 25 P.M.
21. I hereby certify that I attended the deceased from May 25 1947 to 10:25 PM May 25 1947; that I last saw her alive on May 25 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Gunshot Wound of Abdomen
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
106
Major findings: Of operations
Of autopsy Penetrated Rt. common iliac artery, Massive hemorrhage in abdominal cavity

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) Homicide
(b) Date of occurrence May 25, 1947
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Front yard of home 425 E. Pine (Specify type of place)
While at work? No (e) Means of injury Gunshot
23. Signature Lyman H. Brown M.D. (M. D. or other)
Address 311½ Boonville Date signed 5/28/47

(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 Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield Ma

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.