

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

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
10th & Belle Sts  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)  
 In this community 74 years

**3. (a) PRINT FULL NAME** John Andrew Bedee  
 3. (b) If veteran, name war. W.W.#1 Canadian  
 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 Nellie  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased Nov 11, 1865  
(Month) (Day) (Year)

**8. AGE:** Years 83 Months 0 Days 11  
 If less than one day hr. — min. —

9. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)  
retired railroadman

10. Usual occupation retired railroadman  
 11. Industry or business —

**MOTHER FATHER**  
 12. Name George Bedee  
 13. Birthplace New Hampshire  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Egan  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Thos Bedee  
 (b) Address 211 W Highland Ave, St. Joe, Mo  
 17. (a) Burial (b) Date thereof 11-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt Mora Cemetery

18. (a) Signature of funeral director Barry Funeral Home  
 (b) Address St. Joseph, Mo.  
 19. (a) 12-8-48 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 10th & Belle Sts  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country —

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month NOV day 23  
 year 1948 hour 4 minute AM M.

21. I hereby certify that I attended the deceased from June 6, 1948 to November 23, 1948;  
 that I last saw him alive on November 22, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Duration 1 hr.

Due to Arteriosclerosis and Hypertension  
 Ukn

Due to NONE  
 Other conditions Hypertension Heart Disease  
(Include pregnancy within 3 months of death)  
 Ukn PHYSICIAN

Major findings: PROSTATIC HYPERPLASIA  
LEFT INGUINAL HERNIA  
 Of autopsy NONE  
 Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:  
 (a) Accident, suicide, or homicide (specify) NONE  
 (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? — (c) Means of injury —  
 23. Signature Allen Sherman (M. D. or P. H. C.)  
 Address 1302 Faraon Street Date signed 11-23-48  
St. Joseph, Mo.

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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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.**