

FILED FEB 11 1946

Primary Registration District No. 6073

Registrar's No. 13

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town R-1 Bonne Terre - Perry Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME BEULAH MARIE BESS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ray Bess 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Aug 25 1907
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Abridge
13. Birthplace Unknown
14. Maiden name Mary LaPorte
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Bess
(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof Jan. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marion Chapel

18. (a) Signature of funeral director Berham H. Co.
(b) Address 313 Berham Ryan Service

19. (a) Jan. 14-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. R. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 6 - 1946
that I last saw her alive on Jan 6 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hem-orrhage
Due to unknown

Due to _____

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

Major findings: Of operations _____
Of autopsy none

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) Means of injury _____

23. Signature A. L. Evans (M. D. certifier)
Address Bonne Terre Mo Date signed 1-8-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1896

RECEIVED

District Health Officer No. 4
District File Number 246-1719
Date Filed 2-8-46

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

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Burne Lane 7

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.