

FILED DEC 7 1945

State File No.

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 72

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town Tipton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town Tipton
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country Native

3. (a) PRINT FULL NAME Arnold John Bestgen

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, Single

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

7. Birth date of deceased January 14 1937
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	8	9	22	hr. min.

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

10. Usual occupation School

11. Industry or business.....

12. Name Urban Bestgen

13. Birthplace Cooper County Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Helen Knipp
 (City, town, or county) (State or foreign country)

15. Birthplace Cooper County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Urban Bestgen
 (b) Address Tipton, Missouri

17. (a) Burial (b) Date thereof 11-8-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Jessie E. Richard
 (b) Address Tipton Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 year 45 hour 7 PM minute 01 P.M.

21. I hereby certify that I attended the deceased from.....
 that I last saw him alive on 11-6-45
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death by crushing under tractor trailer

Due to.....

Due to.....

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

Major findings: Of operations.....
 Of autopsy.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 11-6-45

(c) Where did injury occur? Tipton Mo. Mountain Ave
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In street in front of home.

While at work? No (Specify type of work) (e) Means of injury Tractor

23. Signature J. C. Deuel MD (M. D. or Graduate)
 Address Tipton Mo. Date signed 11-7-45

Duration

11-6-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1631

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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.