

1938 JAN 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42214
Do not use this space.

1. PLACE OF DEATH
(a) County Barry Registration District No. 34
(b) Township Barry Primary Registration District No. 6239
(c) City Exeter (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myron Ray Beymer
(a) Residence, No. Exeter, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Beymer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Missouri

FATHER 13. NAME Chester R. Beymer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartford City, Indiana.

MOTHER 15. MAIDEN NAME Maggie Kershaw,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Maud Beymer,
(ADDRESS) Exeter, Mo.

18. BURIAL ~~CERRILL CO. MISSOURI~~
PLACE Mt. Pisgah DATE Dec. 12, 1938

19. FUNERAL DIRECTOR Callaway's,
(ADDRESS) Monett, Mo.

20. FILED Dec. 12, 1938 Mrs. H. P. Seary
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1938

22. I HEREBY CERTIFY That I attended deceased from at death, 1938
I last saw him alive on Dec. 10, 1938 Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:
Alcoholic Poisoning (w/whisky)
over indulgence
Chronic myocarditis

Other contributory causes of importance:
Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. E. McDaniel, M.D.
(Address) Cerrill, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004 50M-7-20-37

RECEIVED DEPT. HEALTH OFFICE
D.C. DISTRICT OF COLUMBIA DISTRICT

FEB 17 1945

STATEMENT BY LICENSED EMBALMER

I, Floyd Ballaway, Licensed Embalmer No. 2066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Floyd Ballaway

Licensed Embalmer No. 2066

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.)