

REC'D JUL 11 1939

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

22183
Do not use this space.

710

477

1. PLACE OF DEATH **GREENE** Registration District No. **316**

(a) County **GREENE** (b) Township **7th** Primary Registration District No. **5439**

(c) City **SPRINGFIELD** (d) Street No. **R# 11** (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(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. da. _____

2. PRINT FULL NAME **162 Chaplin Beavers**

(a) Residence, No. **Burch tree no.** St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 8 - 1939**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **0 0 2**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. **Infant**

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) **Springfield, Mo**

13. NAME **USA Beavers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

15. MAIDEN NAME **Reva Hopkins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Reva Beavers**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hazelwood June 12 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Springfield, Mo**

20. FILED **6-11-39** **Chas A. George** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10 1939**

22. I HEREBY CERTIFY That I attended deceased from **June 8 1939** to **June 10 1939**

I last saw him alive on **June 9 1939** Death is said to have occurred on the date stated above, at **10:15 A.M.**

The principal cause of death and related causes of importance were as follows:
Premature

Other contributory causes of importance: _____

Name of operation **no** Date of _____

What test confirmed diagnosis? **fec** Was there an autopsy? **no**

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? **no**
If so, specify _____
(Signed) **J. C. Drane**, M. D.
Address **Springfield, Mo**

N. E.—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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

