

JUL 17 1939

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

22388
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Jasper or Primary Registration District No. 3002 Registered No. _____
 (c) City Jasper (d) Street No. 1019 Valley 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Erwin Louis Beason
 (a) Residence, No. 1019 Valley 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 Blk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1914

7. AGE YEARS MONTHS DAY If LESS than 1 day,hra. ormin.
25 3 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla. 9

FATHER
 13. NAME W F Beason 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER
 15. MAIDEN NAME L. Erwin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT W F Beason
 (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parlway DATE 6/26 39

19. FUNERAL DIRECTOR (NAME) H. H. Huddle
 (ADDRESS) Jasper Mo

20. FILED 6-17 39 W F Beason Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 39

22. I HEREBY CERTIFY, That I attended deceased from June 11 1939, to June 14 1939
 I last saw him alive on June 14 1939. Death is said to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplectics 121
 Date of onset 6-7-39

Other contributory causes of importance:
Apoplectics

Name of operation apoplectics Date of 6-11-39
 What test confirmed diagnosis? ap 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) H. H. Huddle, M. D.
 (Address) Jasper Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

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RECEIVED

District Health Officer No. 6,

District File Number 739-1395

Date Filed JUL 17 1939

DEC 18 1948

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..... *Henry K. Schubert*

Licensed Embalmer No. 95-9

P. O. Address Japan 200

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.