REC'D SEP 19 1939

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

29664
Do not use this space.

1. PLACE OF DEATH
(a) County Marion
(b) Township ~~Mason~~
(c) City or Hannibal, MO.
Registration District No. 547
Primary Registration District No. 3079
Registered No. 227
(d) Street No. Levering Hospitals 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.

400

2. PRINT FULL NAME Charles Beall
(a) Residence, No. 409 N. 5th. St. 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 Mary Ellen Beall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1862

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Caretaker
9. Industry or business in which work was done, as saw mill, bank, etc. Masonic Temple
10. Date deceased last worked at this occupation (month and year) 8.5.1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Mo.

FATHER
13. NAME Alford Beall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland State

MOTHER
15. MAIDEN NAME Martha Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland, State

17. INFORMANT Mrs. Mary Ellen Beall
(ADDRESS) 409 N. 5th St.

18. BURIAL, CREMATION, OR REMOVAL Eolia, Mo.
PLACE Methodist Cemetery DATE 8-8-39 19

19. FUNERAL DIRECTOR (NAME) Crawford Smith
(ADDRESS) Hannibal, Mo.

20. FILED Aug 8, 1939 H. C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to Aug 6, 1939
I last saw h. alive on Aug 5, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 8-5-39
94 hr

Other contributory causes of importance:
Arteriosclerosis

Name of operation no 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? no 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 no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 J. J. Marsh LE 3932 —, Registered Apprentice No. ..... working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.