No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25705

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 201

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

4

5

1. PLACE OF DEATH:

(a) County Marion 1

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Hannibal, Mo. RFD #3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lizzie D. Beal 400

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Oliver H Beal

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

7. Birth date of deceased Aug. (Month) 6 (Day) 1882 (Year)

8. AGE: Years 57 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Monroe Cy. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife 1

11. Industry or business

FATHER
12. Name Robert Parratt 9
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Crow
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant William Beal
(b) Address Palmyra, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Crawford Smith
(b) Address Hannibal, Missouri.

19. (a) 7-9-40 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1940 hour 7:10 P M minute M.

21. I hereby certify that I attended the deceased from July 2, 1940, to July 3, 1940;
that I last saw her alive on July 3, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Streptococcus septicemia	5 days
Due to: Puncture wound of foot (nail) with	12 days
Due to: cellulitis of foot & leg	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~ (specify) Accident
(b) Date of occurrence June 20, 1940
(c) Where did injury occur? Ralls County Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 4 4 At home (Specify type of place)
While at work? yes (e) Means of injury Stepped on nail

23. Signature Howard B Sudeul (M. D. or other) (M D)
Address Hannibal, Mo Date signed 7-6-40

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph J. Mar

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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

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