. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32307

State File No.

FILED OCT 18 [redacted]

Registration District No. 406 Primary Registration District No. 5560 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper Twp.

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. 906 1/2 Main St
(If rural, give location)

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

3. (a) PRINT FULL NAME Harvey Beaman

3. (b) If veteran S.S. 491-01-7105 name war

3. (c) Social Security No. 401-01-7105

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Francis Irene

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

7. Birth date of deceased Aug (Month) 16 (Day) - 1905 (Year)

8. AGE: Years 35 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Chillicothe (City, town, or county) Mo (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name T. C. Beaman
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Leona Mae Steel
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Howard Beaman

(b) Address 906 1/2 Main St

17. (a) Hill Crest, Galena Kns (Burial, cremation, or removal) (b) Date thereof 9-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Galena, Kns

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address 4th & Wall 950

19. (a) Sept 26 (Date received local registrar) (b) Roy Stynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1940 hour 4 minute 50 P M.

21. I hereby certify that I attended the deceased from 19 , to , 19 ; that I last saw him alive on Sept 26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Body burned to char in gas tank explosion

Due to Truck collision with fixed object

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Investigation

Duration

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 September 25-1940

(c) Where did injury occur? Highway 57, Jasper, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 57 (Specify type of place)

While at work? Yes (e) Means of injury Gas explosion

23. Signature A. N. Winchester, Coroner (M. D. or other)

Address Joplin, Mo. Date signed 9-26-40

(Licensed Embalmer's Statement on Reverse Side)

40-10-419

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

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.