

Registration District No. 508

Primary Registration District No. 5685

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Rural Richhill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution east of city limits  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. East of city limits  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Dolman Beall

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 3rd 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name William Beall

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Taylor

(b) Address R. F. D. 4 Chillicothe, Mo.

17. (a) Burial (b) Date thereof 10-14-'40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elliott Grove Cem.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Mo.

19. (a) 10-13-1940 (b) T. Smelser, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 12th  
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug-15  
1940 to Oct 12 1940  
that I last saw him alive on Oct 11 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Vascular Hypertension  
Due to \_\_\_\_\_

Other conditions 11-2-40  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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) ✓  
(b) Date of occurrence ✓  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 945  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Reuben Darnley (M. D. or other) 1  
Address Chillicothe Mo Date signed 10-12-1940

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

MOTHER FATHER

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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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Elton F. Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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, fact should be so stated above.