

NOV 21 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36161

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 Epperson
(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
years, months or days)

3. (a) PRINT FULL NAME Nancy Beateaman

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

7. Birth date of deceased Feb 25th 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 24 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Thomas Bass

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

14. Maiden name Sarah Gibson

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

16. (a) Informant H E Sanders

(b) Address Moberly Mo

17. (a) _____ (b) Date thereof Sept 20 1940
(Cause, termination, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Ill

18. (a) Signature of funeral director Thralmon and Son

(b) Address Moberly Mo

19. (a) 9/20/40 (b) Arnell Butler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 208 Epperson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th 1940
year 1940 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 1st 1939 to Sept 19 1940 that I last saw her alive on Sept 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

925 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Paul C Davis (M. D. or other) MD

Address Moberly Mo. Date signed 9/19/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1974

Date Filed OCT 24 1940

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 Frank D. DeWalt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.