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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24794

Registration District No. 151 Primary Registration District No. 4085 Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County CASS.

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

(c) Name of hospital or institution: Not in hospital. At Home. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply (Specify whether In this community 71 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 019

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME ABIGAIL BEATY

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife Jas. B. Beaty.

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

7. Birth date of deceased August, 23rd, 1851. (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Household duties.

11. Industry or business At home.

FATHER
12. Name John Dean,
13. Birthplace Pa. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachael Hite,
15. Birthplace Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Homer Beaty
(b) Address Drexel, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/9/41. (Month) (Day) (Year)
(c) Place: burial or cremation SHARON CEMETERY.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Mo.

19. (a) July, 8, 41. (Date received local registrar) (b) Mabel Huston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 7th year 1941 hour 2 minute 20 p. M.

21. I hereby certify that I attended the deceased from April 12th, 41, to July, 7, 1941, that I last saw her alive on July, 7th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis,	3 mos.
Due to Arterio Sclerosis,	10 yrs
Due to	
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)
(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? (Specify type of place)
While at work? (Prove L. Payne) (Date of injury)

23. Signature Prove L Payne (M. D.)
Address Drexel, Mo. Date signed 7/9/41.

(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, ~~xxxxx~~ personall

~~Registered Apprentice~~ No.

~~working under my direct supervision~~.

Signed

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.