

Registration District No. 104 Primary Registration District No. 3008

1. PLACE OF DEATH
(a) County Callaway
(b) City or town Fulton, Mo.
(c) Name of hospital or institution: St. Joseph Hospital #12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs 11 mos.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Callaway
(c) City or town Mokane Mo 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A? Life years.

3. (a) PRINT FULL NAME James Willard Beatty
(b) If veteran, name war _____
(c) Social Security No. D.K.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 14
year 1941 hour 10:20 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 14, 1941;
that I last saw him alive on Aug 14, 1941,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Callie Kemp Beatty 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased: Aug 14 1864
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to infirmitie of old age
Due to _____

8. AGE: Years 77 Months 0 Days 0 If less than one day _____ hr. _____ min.

Duration _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Major findings: 932
Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name Joseph Beatty
13. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Adams
15. Birthplace Holland
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant St. Joseph Hospital Record
(b) Address Fulton Mo
17. (a) Burial (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mokane Cemetery
18. (a) Signature of funeral director Geo G. Hallake
(b) Address Fulton, Mo.
19. (a) Aug 16, 1941 (b) R. N. Cress
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature R. N. Cress (M. D. or other) 1
Address Fulton Mo Date signed _____

USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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..... *Albert E. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, N.Y.*

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

If this body is not embalmed, fact should be so stated above.