

31483

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED OCT 22 1940

Registration District No. 208

Primary Registration District No. 5404B

1. PLACE OF DEATH:

- (a) County Dunklin mo.
(b) City or town Holcomb mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(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 and days3. (a) PRINT FULL NAME MIKEL A. BEACH

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 Baby

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased Aug 9 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>19</u>	<u>9:30 a.m</u> br. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Paul Beach
13. Birthplace Holcomb mo. (City, town, or county) (State or foreign country)
14. Maiden name Verda Davidson
15. Birthplace Holcomb mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Beach(b) Address Holcomb, Mo.17. (a) burial (b) Date thereof Oct 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lord Cemetery18. (a) Signature of funeral director Landes Funeral Home(b) Address Campbell mo.19. (a) Oct 10 1940 (b) J. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dunklin
(c) City or town Holcomb Missouri
(If outside city or town limits, write "RURAL") 95

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

(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1940 hour 9:30 minute _____ a. M.21. I hereby certify that I attended the deceased from Oct 27, 194019 _____, 19 Oct 28, 19 40
that I last saw him alive on Oct 28, 19 40
and that death occurred on the date and hour stated above.Immediate cause of death Croupous Pneumonia Duration 3 days

Due to _____

Due to _____

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

Major findings: Of operations 108

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Rutledge (M. D. or other) MD
Address Campbell mo. Date signed 10/29/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office. No 2,

District File Number 1041-1444

Date Filed 10/20/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.