

Registration District No. 534 Primary Registration District No. 4319

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2 days _____ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Chester Edward Beach

3. (b) If veteran, name war NO

3. (c) Social Security No 327-05-4170

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ally Beach 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 08 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 2 22 - hr. - min.

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

10. Usual occupation Blacksmith for J. W. National

11. Industry or business Hardware

12. Name William T. Beach

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

14. Maiden name Mary Madden

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

16. (a) Informant Mrs. Jessie Baker

(b) Address New Cambria MO

17. (a) Removal (b) Date thereof Dec 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville

18. (a) Signature of funeral director H. P. Gilleland

(b) Address New Cambria, MO

19. (a) Dec. 30, 1941 (b) Almena M. Gilleland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair

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

(d) Street No. 401 E. Washington
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country Adair

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1941 hour 10 minute AM

21. I hereby certify that I attended the deceased from Dec 30 1941, to Dec 30 1941, that I last saw her alive on Dec 30 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration 5 hrs

Due to over eating

Due to 18:3

Other conditions (Include pregnancy within 3 months of death) 18:3

Major findings: _____

Of operations: _____

Of autopsy: NO

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 0

23. Signature Power (M. D. or other) _____

Address New Cambria MO Date signed Dec 30 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 13 1942

JAN 19 1942

JAN 19 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-41

Date Filed JAN 9 1942

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 A. J. Hilleland

Licensed Embalmer No. 4019

P. O. Address New Pambria 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.