V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

21536

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 427 Primary Registration District No. 4253 Registrar's No. 29

51
1
0

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community two weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4th & Market 0
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country XX

3. (a) PRINT FULL NAME George Spencer Beach

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race cauc

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife XXXX

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

7. Birth date of deceased October (Month) 21 (Day) 1872 (Year)

8. AGE: Years 69 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Charles City, (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation retired

11. Industry or business farmer

FATHER
12. Name Spencer Beach
13. Birthplace Rippon (City, town, or county) Wisconsin / (State or foreign country)

MOTHER
14. Maiden name Lillian Bridger
15. Birthplace Stockeridge, (City, town, or county) N. Y. / (State or foreign country)

16. (a) Informant W. H. Paulger
(b) Address Holden, Missouri.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof june 13, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri.

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) June 13 (Date received local registrar) (b) Mrs Frank Morrin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day June year 1942 hour unknown minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw him dead on June 12, 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Hanging--self inflicted

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 164a

Major findings:
Of operations

Of autopsy

Duration

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) suicide

(b) Date of occurrence June 8, 1942

(c) Where did injury occur? Holden, (City or town) Johnson, (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
rear of railroad pond
(Specify type of place)

While at work? no (e) Means of injury hanging

23. Signature Edward Andrews (M. D. & Coroner)

Address Holden Date signed 6/13/42

1002 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-13-42

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

Body was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.