

FILED AUG 17 1942

Registration District No. 1113

Primary Registration District No. 5317

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Rural Osage Twp.
(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 years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

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

8. (a) PRINT FULL NAME Irene Coplin Beers

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1941 hour 5 minute 00 A.M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Arthur Beers 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Feb. 16th, 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1941 to July 6, 1941; that I last saw her alive on June 11, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>24</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Cardiac decompensation

Duration 2 mo

9. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions Pulmonary tuberculosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Burley E. Coplin

13. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Garrison

15. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Burley E. Coplin

(b) Address Huzzah, Missouri

17. (a) Burial (b) Date thereof July 7th, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skaggs Cemetery

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? _____

18. (a) Signature of funeral director [Signature]

(b) Address Cuba, Missouri

19. (a) 7-11-1942 (b) E. E. Galt
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Darney Applegate (M. D. or other) _____

Address Riverside, Mo. Date signed 7/9/41

RECEIVED

District Health Officer No 5,

District File Number 74-2549-

Date Filed 8-11-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. H. Hallow*.....

Licensed Embalmer No. 3643.....

P. O. Address Cuba, 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.