

NEW OCT 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33200

State File No. ....

Registrar's No. ....

Registration District No. 42

Primary Registration District No. 1050

11  
7

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

1. PLACE OF DEATH:

(a) County Wheeler

(b) City or town Wheeler

(c) Name of hospital or institution State Hospital # 22  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution yes  
In this community 10 yrs 0 mos 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Wheeler

(d) Street No. 235 Third Parkway  
(If outside city or town limits, write "RURAL" and name of township)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Metodie Allen Beer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25<sup>th</sup> year 1942 hour 20 minute 0 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harry D Beer 6. (c) Age of husband or wife if alive married years

7. Birth date of deceased May 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19 1942 to Sept 25 1942

that I last saw her alive on Sept 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Sept embolism Duration no  
valvular insufficiency

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

74 4 14 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 95c<sup>3</sup>

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

10. Usual occupation none recently

11. Industry or business \_\_\_\_\_

12. Name Thayer Allen

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

14. Maiden name Metodie Allen

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy no

16. (a) Informant Mr & Mrs Beer

(b) Address Wheeler

17. (a) Wheeler Date thereof Sept 25, 1942  
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director W. W. Newman

(b) Address 1401 Brushy Creek Blvd, K.C. Mo.

19. (a) 9-25-42 (b) Rose Huggins  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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)

Means of injury 0

23. Signature D. B. Evans (M. D. or other) \_\_\_\_\_

Address State Hospital # 2 Date signed 9/25/1942

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**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.

*Body not Embalmed* Signed *J. Virgil Herrick*

Licensed Embalmer No. *3599*

P. O. Address *K.C.M.*

**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.