

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILCO OCT 23 1942

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Co Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community Home
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Prairie Valley
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - 2 1/2 mi N.W.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME David C. Beyer

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Mae Beyer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar - 30 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Beyer

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

14. Maiden name Anna

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

16. (a) Informant Mrs Elizabeth Dodson

(b) Address Prairie Valley, Mo

17. (a) Burial (b) Date thereof 10-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs, Mo

18. (a) Signature of funeral director Mrs Elizabeth Dodson

(b) Address Blue Springs, Mo

19. (a) Oct 8, 1942 (b) L. M. Schick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5
year 1942 hour 12:15 minute 9 M.

21. I hereby certify that I attended the deceased from 10/2 to 10/5 1942.
that I last saw him alive on 10/4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Right lobar pneumonia

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 L. M. Schick (M. D. or other) _____
address Independence Date signed 10-5-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
0
0

#P

OCT 28 1983

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..... *R. D. Webb*

Licensed Embalmer No. *231-3*

P. O. Address..... *Blue Springs 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.