

FILED JAN 13 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1241

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph's Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Maxwell Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Milton Hickle Beaven

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

4. Sex Male O 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 17 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 11 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Dearborn Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Construction work

11. Industry or business _____

12. Name Denver F. Beaven

13. Birthplace Jasper Co. Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Buchanan Co. Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. K. Lewis

(b) Address 2002 So. 14th

17. (a) Burial (b) Date thereof 12-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation William Cemetery

18. (a) Signature of funeral director Fleeman & Son

(b) Address 1946 Colker

19. (a) 12-22-42 (b) Rose Hezog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 6, 1942, to _____, 1942;
that I last saw him alive on December 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia hypostatic left Duration 14 days

Due to Sub acute interstitial pneumonitis right 12 days

Due to acute toxemia "

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

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) _____
(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 Walter J. Smith (M. D. or other) _____
Address Social Welfare Board Date signed 12-23-42

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

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..... *Robert H. Gable*.....
Licensed Embalmer No. *3308*.....
P. O. Address..... *St. Joseph, 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.