

No. 2
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2345

State File No. _____

JAN 21 1943 / 37
Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 234

12
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(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)

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton Mo 2
(If outside city or town limits, write "RURAL.")

(d) Street No. 606 E Grand River
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph B Beeson

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 Hester Beeson 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased April 19 1856
(Month) (Day) (Year)

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

86 8 01 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Don't know

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

14. Maiden name Elizabeth Smith 9

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gene Elmer

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director Conspens & Beck

(b) Address Clinton Mo

19. (a) Dec. 23, 1942 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1942 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 12
_____ 1942 to Dec 20 1942

that I last saw him alive on Dec 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: _____
Myocardial
Chronic Bronchitis

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations None

Of autopsy None

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 Ed. C. Beck (M. D. or other) _____

Address Clinton Mo Date signed 12/22/42

Beeson 1/16/43 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number

Date Filed

12-42-1944

1-14-43

FEB 15 1957

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

Licensed Embalmer No.

P. O. Address

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.