

FILED AUG 5 1943 42

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 838

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: Mo. Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs (Specify whether years, months or days) 20 Years

3. (a) PRINT FULL NAME Imogen Beers

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

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

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

7. Birth date of deceased December 29 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Ellis Cartmill

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

14. Maiden name Ella Cartmill

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

16. (a) Informant L.R. Beers

(b) Address 14171 So 13th

17. (a) Burial (b) Date thereof 7-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address 1946 Colhoun St.

19. (a) 7-21-43 (b) Rose Alley
(Date received local registrar) (Registrar's signature)

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. 1417 So 13th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1943 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 17 1943, to July 17 1943
that I last saw her alive on July 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 8 hrs.

Due to Arterio sclerose ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations _____

Of autopsy none

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 Rose Alley (M. D. or other) _____
Address 620 Monroe St. St Joseph, Mo. Date signed 7/19/43

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

OCT 23 1942

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

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.