. No. 2
—9-4-41
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FILED OCT 21 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

mile 35909

State File No.

Registration District No. 333 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100 5

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

(d) Street No. 502 Franklin st.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Milford L. Beavers

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 Child

6. (b) Name of husband or wife Child

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

7. Birth date of deceased Aug 10 - 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
—	11	18	hr. min.

9. Birthplace Sikeston, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name J. W. Beavers
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Baugher
15. Birthplace Hardin Co. Tel. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Beavers
(b) Address Sikeston Mo.

17. (a) Buried (b) Date thereof July 29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lilbourn, Mo.

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address Sikeston, Mo.

19. (a) 9-14-43 (b) Louie Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 7/20, 1943, to 7/28/43, 19;
that I last saw him alive on 7/28/43, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Colitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 119a	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature M C Mill (M. D. or other) DD
Address Sikeston Date signed 9/14/43

1518

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2,
District File Number 1043-1294
Date Filed 10-15-43

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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.