

FILED DEC 27 1943

Registration District No. 1208

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
1316 W. Thoman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 W. Thoman
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lurah Frances Beasley

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

7. Birth date of deceased Nov. 22 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 49 0 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name D.F. Dave Kitsmiller

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

14. Maiden name Carrie Felty

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

16. (a) Informant Warner Beasley
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-4-43 (b) H.W.E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1943 hour 9 minute 55 am.

21. I hereby certify that I attended the deceased from 12-2-43
10-3-, 1943 to 12-2-, 1943
that I last saw her alive on 12-2-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with metastasis
Duration 1 year

Due to _____

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature C.E. Feller (M. D. or other) _____

Address Citizens Bank Bldg. Springfield Date signed 12-3-43

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

MOTHER FATHER

984

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 *Keith Collins*

Licensed Embalmer No. *8632*

P. O. Address *Springfield Ma*

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.

X