

S. No. 2  
M-2-43  
5-17-39  
X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40031

State File No. \_\_\_\_\_

FILED JAN 13 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3045

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston  
(c) Name of hospital or institution: 209 Elm St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Mississippi  
(c) City or town CHARLESTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 209 ELM ST  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GLORISTINE BEVELY

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

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced - 0

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

7. Birth date of deceased 128 5 43  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 hr. \_\_\_\_\_ min.

9. Birthplace Charleston MO. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business LLOYD BEVELY

12. Name MAOMI BREWER

13. Birthplace Camthessville MO O  
(City, town, or county) (State or foreign country)

14. Maiden name MAOMI BREWER

15. Birthplace COMMERCE MO O  
(City, town, or county) (State or foreign country)

16. (a) Informant ANANIAS BREWER

(b) Address 212 VINE ST Charleston

17. (a) BURIAL (b) Date thereof 12-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston - Oak Grove

18. (a) Signature of funeral director Privately handled

(b) Address \_\_\_\_\_

19. (a) Jan 1-43 (b) Mrs. V. M. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27  
year 43 hour 2: 30 PM

21. I hereby certify that I attended the deceased from 12-27 1943 to 12-27 1943  
that I last saw her alive on 12-27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 1 wk  
Influenza 2 wks.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 230  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Dr. A. ... (M. D. or other)  
Address 204 S. ... Date signed 12-28-42

Duration  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 144-82

Date Filed 1-10-44

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**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.....

..... 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.**