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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3470

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County MCDonald

(b) City or town Rural Pineville, TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Anderson MO R.F.D. # 3.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yrs. (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County MCDonald

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Anderson MO. R. # 3
(If rural, give location)

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

**3. (a) PRINT FULL NAME** TEDDY JACK BEAVER.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 1st. (Day) 1935 (Year)

8. AGE: Years 8 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Schoolchild

11. Industry or business

FATHER
12. Name HERMAN BEAVER
13. Birthplace Granby (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name GLADYS WILLIAMS
15. Birthplace MCDonald County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant HERMAN BEAVER
(b) Address Anderson MO, R, # 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4th-44 (Month) (Day) (Year)
(c) Place: burial or cremation #### Owsley Cemetry

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman MO

19. (a) 1-6-1944 (Date received local registrar) (b) Ina Martin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 31 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1943, to Dec 31, 1943; that I last saw him alive on Dec 31, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Typhoid Fever

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R. P. Roberts (M. D. or other)

Address Pineville, Mo. 2 Date signed 1-6-44

1205

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 244-140
Date Filed FEB 11 1944

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.**