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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7726
Registrar's No. 78

FILED MAR 25 1944

Registration District No. 207

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: John Beatty

3. (b) If veteran, name war: none
3. (c) Social Security No. none

4. Sex M 5. Color or face W
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: August 22 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace: Elmira New York
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business

12. Name: Rowland J. Beatty

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

14. Maiden name: Flanor Holmes

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

16. (a) Informant: Lucy Hillman

(b) Address: New Canton, Illinois.

17. (a) Burial (b) Date thereof: Feb. 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Delavan, Illinois.

18. (a) Signature of funeral director: Wm M. Smith

(b) Address: 902 Broadway, Hannibal, Mo.

19. (a) 2/24/44 (b) McDonnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike
(c) City or town: New Canton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1944 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 22
1944 to Feb 23 1944
that I last saw him alive on Feb 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina pectoris

Due to _____

Due to _____

Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 948
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: [Signature] (M. D. or other) _____
Address: [Address] Date signed _____

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.....

.....This body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed John M. Smith

Licensed Embalmer No. 1204

P. O. Address 902 Broadway Hannibal 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.