

FILED MAY 10 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 4456

Registrar's No. 7

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Appleton City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 57 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93
(c) City or town Appleton City
(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 _____

3. (a) PRINT FULL NAME LINDA ELISABETH BEVER

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month April day 20th year 1944 hour 10:00 minute _____ P. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased June 7 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 11, 1944 to April 20, 1944
that I last saw her alive on April 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 mo.

8. AGE: Years 57 Months 10 Days 13 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions Chronic nephritis with hypertension 10 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation Farm

Major findings: Of operations _____

11. Industry or business _____

MOTHER { 12. Name John Henry Bever
FATHER { 13. Birthplace Warren Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sophia Esselbauge
15. Birthplace Washington, Mo.
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically. 131 f

16. (a) Informant Marjorie Bever
(b) Address Wichita Falls Tex

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Nov. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Appleton City Cemetery

(Specify type of place) _____

18. (a) Signature of funeral director Eckhoff Funeral Home
(b) Address Appleton City, Mo.

While at work? _____ Means of injury _____

19. (a) April 21, 1944 (b) Anna M. Kelly
(Date received local registrar) (Registrar's signature)

23. Signature Edward Barnett (M.D. or other) D.O.
Address Appleton City, Mo. Date signed 7/21/44

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

RECEIVED

District Health Officer No. 71

District File Number 4-44-636

Date Filed 5-9-44

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.....

Paul S. Stone

Licensed Embalmer No. 3920

P. O. Address Escondido

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

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