

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

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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18457

State File No. 17

Registration District No. 383

Primary Registration District No. 5655

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1386 days
(Specify whether in this community 1386 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Barbara Elizabeth Beissel

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

4. Sex Female 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 Sept. 13 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Store

MOTHER FATHER { 12. Name Fred John Beissel
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown West

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

16. (a) Informant E. McMichael, Record Clerk
(b) Address No. State San. Mt. Vernon, Mo

17. (a) Removal Date thereof May 25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southwest City Mo

18. (a) Signature of funeral director Geo. B. Orr to Washburn (Specify type of place) (b) Means of injury _____

(b) Address Mt Vernon Mo. 80 West City
19. (a) 5/29/44 (b) Audrey Crawford 23. Signature Ether E. Coffman (M.D.)
(Date received local registrar) (Registrar's signature) Address Mount Vernon Mo. Date signed 5-24-44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 8:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 5 1940 to May 23 1944
that I last saw her alive on May 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Abt 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy Same 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?

18 3 4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number

644-663

Date Filed

JUN 5

1944

OCT 1

1948

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

J. B. Orr

Licensed Embalmer No.....

946

P. O. Address.....

946 Vernon W

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.