21369

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 7 1944

Registration District No. 77

Primary Registration District No. 30125287

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #3 Fishing Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — N

3. (a) PRINT FULL NAME EDITH PEARL BEECHUM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased August (Month) 1 (Day) 1944 (Year)

8. AGE: Years 48 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Highland (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Home work

11. Industry or business ✓

FATHER
12. Name Charley Beechum
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Ida
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs B.B. Petty

(b) Address R#1, Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty Mo

18. (a) Signature of funeral director Church-Archer Co.

(b) Address Liberty Mo.

19. (a) 6-5-44 (Date received local registrar) (b) Mrs Sadie Redmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1944 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from July 3 1942, to June 1 1944 that I last saw her alive on June 1 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic Insufficiency	2 yrs.
Due to Influenza	1942
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92a
Of autopsy

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 Burton Maltby (M. D. or other) M.D.

Address Liberty Mo Date signed 6-5-44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-6-47

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Mo.

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

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