

S. No. 2  
M-5-42  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27720

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 640

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Burge Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days** (Specify whether years, months or days)

In this community **51 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ohio** (b) County **Washington**

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

(d) Street No. **423 Crandall**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mary Estelle Beach**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5th** year **1944** hour **4:45** minute **---** M.

21. I hereby certify that I attended the deceased from **July 31** 19**44** to **Aug 5** 19**44** that I last saw **her** alive on **Aug 5** 19**44** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single—widowed—married **Divorced—married**

6. (b) Name of husband or wife **Eugene C. Beach** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **April 11 1898**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of Colon**

Due to **---**

Due to **---**

Other conditions (Include pregnancy within 3 months of death) **46**

Major findings: Of operations **---**

Of autopsy **---**

8. AGE:

Years	Months	Days	If less than one day
<b>46</b>	<b>3</b>	<b>25</b>	hr. <b>---</b> min. <b>---</b>

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

10. Usual occupation **Housewife**

11. Industry or business **---**

12. Name **John Anderson**

13. Birthplace **Sweden**  
(City, town, or county) (State or foreign country)

14. Maiden name **Signorena**

15. Birthplace **Springfield Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Eugene C. Beach**

(b) Address **423 Crandall, Yemassee, Ohio**

17. (a) **Burial** (b) Date thereof **8-8-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Home**

18. (a) Signature of funeral director **Walter G. ...**

(b) Address **Springfield, Mo**

19. (a) **8-8-44** (b) **W. S. Westlund**  
(Date received local registrar) (Registrar's signature)

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? **---**

23. Signature **J. Ellis Smith** (M. D. or other) **MD**

Address **Springfield Mo** Date signed **8-7-44**

NOV 19 1950

**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 Keith Collier  
Licensed Embalmer No. 3632  
P. O. Address Springfield 990

**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.**

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