

S. No. 2
M-8-43
V. 5-17-39
I X37823

31284

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1944

Registration District No. 190

Primary Registration District No. 5704

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Wandaata Livingston
(b) City or town Wheeling Wheeling Twp
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Wheeling (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 0

3. (a) PRINT FULL NAME Addison Ellsworth Beckwith

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31
year 1944 hour 6 minute 45 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella L
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 18 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1942 to Aug 31 1944
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial Failure
Due to arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: 931
Of operations _____
Of autopsy _____

10. Usual occupation Retired Merchant

11. Industry or business _____
12. Name Charles Beckwith
13. Birthplace Dunkirk New York
(City, town, county) (State or foreign country)
14. Maiden name Elsabeth Dabrymple
15. Birthplace Dunkirk New York
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Ella L. Beckwith
(b) Address Wheeling Mo.

17. (a) Burial (b) Date thereof 9-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Mo.

18. (a) Signature of funeral director H. D. Smiley
(b) Address Wheeling Mo.

19. (a) 9/7/44 (b) Ruth M. Neuman
(Date received local registrar) (Registrar's signature)

23. Signature R. A. Bryan (M. D. or other) MD.
Address Wheeling, Mo. Date signed 9/11/44

1006 (Licensed Embalmer's Statement on Reverse Side)

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

59
00
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Orville H. Beakwith*.....

Licensed Embalmer No. *3937*.....

P. O. Address..... *Wheeling 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.