

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 10 1948 STANDARD CERTIFICATE OF DEATH

State File No. 19164
Registrar's No. 48

Registration District No. 337 Primary Registration District No. 4499

1. PLACE OF DEATH:

(a) County Shelby county
(b) City or town Shelbina, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Seventy years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-2-40, 1940, to 5-2-46, 1946;
that I last saw him alive on 5-2-46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 4 da.
Duration

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
107

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? _____

While at work? _____ (Specify type of place) Means of injury 0

23. Signature Tom Hood (M. D. or other) _____
Address Shelbina Mo. Date signed 6-7-46

3. (a) PRINT FULL NAME Gottfried Beyer

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

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15th 1850
(Month) (Day) (Year)

8. AGE: Years 95 Months 8 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Rtr. Farmer

11. Industry or business _____

12. Name John Beyer

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

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Beyer

(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 5-5-1946
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron Cemetry

18. (a) Signature of funeral director Million & Barklew

(b) Address Shelbina, Missouri

19. (a) June 4-46 (b) Rich Jasper
(Date received local registrar) (Registrar's signature)

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

18961

220

RECEIVED

District Health Officer No. 1C

District File Number 6-46-1107

Date Filed JUN 6 1946

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 E. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Albina Md

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.