

No. 2
DOM-5-43
Rev. 5-17-39
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29493

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 3 1946
27

Registration District No. _____ Primary Registration District No. 3005

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether _____)

In this community 50 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town R.F.D. # 4 Rich Hill, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Calvin Beshore

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annie R. Beshore 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. 16 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7
1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 3 1946 to Sept 7 1946
that I last saw him alive on Sept 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

Due to The Arterio-

Due to Sclerosis

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

9. Birthplace Berks Co PA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business Farmer

MOTHER FATHER { 12. Name Israel Beshore

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

14. Maiden name Emma Bassett

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Annie R. Beshore

(b) Address R.F.D. # 4 Rich Hill, MO

17. (a) Burial (b) Date thereof: 9-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie City

18. (a) Signature of funeral director Booths

(b) Address 109 N. High

19. (a) Sept 8-46 (b) Hendall Perry
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Calvin Beshore M. D. or other _____

Address Butler, Mo Date signed 9/7/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

28623

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RECEIVED

District No. 7

Dist. No. 9-46-954

Date Filed 10-2-46

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.....

Licensed Embalmer No. 3585

P. O. Address Butler Ohio

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.