S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1946

State File No. 33193

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen Del.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Malden 3
(If outside city or town limits, write "RURAL")
(d) Street No. -- 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Eunie Bean
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ben Bean
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased January (Month) 25 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	12	-- hr. -- min.

9. Birthplace Union Co. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Housemother
11. Industry or business none
FATHER
12. Name Andy Ross
13. Birthplace Ukn. (City, town, or county) Ukn. (State or foreign country) 9
MOTHER
14. Maiden name Susan Murphy
15. Birthplace Ukn. (City, town, or county) Ukn. (State or foreign country) 9
16. (a) Informant Lela McIver
(b) Address Malden, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Woodland Ce-Poplar B.
18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Mo.
19. (a) 10-12-46 (Date received local registrar) (b) J. G. Schauman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1946 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19
that I last saw her alive on Oct 7th 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral apoplexy	5 days
Due to hypertension and marked obesity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

83A

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 0
23. Signature S. M. Bailey M.D. (M. D. or other)
Address Malden, Mo Date signed 10-12-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1946-1261
Date Filed 10-21-46

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 J. G. Schumann

Licensed Embalmer No. 4086

P. O. Address Malden

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.