

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

37659

State File No.

FILED NOV 25 1946

Registration District No.

Primary Registration District No. 3040

Registrar's No. 1357

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(c) Name of hospital or institution:
431 Oak St. 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 51
(c) City or town Chillicothe 1
(d) Street No. 431 Oak St. 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ira D. Beals

3. (b) If veteran, name war (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 Marshall Beals 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 24, 1885 (Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Carroll, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

MOTHER FATHER { 12. Name Edwin J. Beals
13. Birthplace Ohio (State or foreign country)
14. Maiden name Pauline Thomas
15. Birthplace N.Y. City, N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marshall Beals
(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 11/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Donald Jordan
(b) Address Chillicothe, Mo.

19. (a) Nov-15-46 (b) Francis B. Neill (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-19-46 to 11-12-46 that I last saw him alive on 11-11-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Cor. Myocarditis Coronary Thrombosis

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature Date signed 11/15/46 (M. D. or other)
Address Chillicothe, Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 31 1947

NOV 21 1958

OCT 5 1965

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Ronald Gordon*

Licensed Embalmer No. *4191*

P. O. Address. *Phillipette, 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.