

FILED August 10 1947  
Glenn

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 394

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 hours  
(Specify whether  
In this community Nearly all his lifetime  
years, months or days)

3. (a) PRINT FULL NAME Willie L. Beavers  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie A. Beavers  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased March 12 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 1 19 hr. min.

9. Birthplace: Collinsville, Ala.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired shoe repairer

11. Industry or business Unknown. Worked for self

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Minnie A. Beavers

(b) Address 1234 N. Grant, Springfield, Mo.

17. (a) Burial (b) Date thereof 5-4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 5-4-47 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1234 N. Grant 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 st. A. M.  
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4/30, 1947 to 5/1, 1947  
that I last saw him alive on 4/30, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 8-10 hrs.  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature W. Roland Langford (M. D. or other) me  
Address Springfield, Mo. Date signed 5/4/47

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

MOTHER FATHER

JUN 19 1942

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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 B. J. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield, 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.**