

FILED AUG 18 1947

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27475

Do not use this space.

## 1. PLACE OF DEATH

(a) County Grundy Registration District No. 132  
(b) Township Trenton Primary Registration District No. 3021 Registered No. 4  
(c) City Trenton (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

IDA M. BEEKLER  
(a) Residence, No. 1702 E. 7th Street - Trenton Mo. St. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ / 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beagy Beekler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home maker  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 58 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Byron, Ill 1

FATHER 13. NAME unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 4

MOTHER 15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Florence Warren  
923 Custer

18. BURIAL, CREMATION, OR REMOVAL PLACE Trenton, Mo DATE 14 July 1947

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles D. Dupson  
Dupson Funeral Home - Trenton, Mo.

20. FILED July 14 1947 Jesse Dan Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1947

22. I HEREBY CERTIFY That I attended deceased from May 8 1947 to 12 July 1947

I last saw her alive on 12 July 1947. Death is said

to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Organic Heart disease Date of onset

Other contributory causes of importance: 43A

Cerebral Hemorrhage

Name of operation 43A Date of 43A

What test confirmed diagnosis? 43A Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Pinke E. Sheets M. D.

(Address) Trenton, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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, .....

*Charles D. Sprou* ..... or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Charles D. Sprou* .....

Licensed Embalmer No. *3109* .....

P. O. Address *Peutan, 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, above space should be left blank.**