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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33851

FILED OCT 29 1947

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 329

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: 901 S. Ranney St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No.: 901 S. Ranney St.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Nancy Juno Beaty

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: John W. Beaty

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: January 25, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	21	hr. min.

9. Birthplace: Couch, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Mont Caldwell
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret McGinnis
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: John W. Beaty
(b) Address: 901 S. Ranney, Cape Gir. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lorimier Cemetery

18. (a) Signature of funeral director: L. L. Haman
(b) Address: Cape Girardeau, Mo.

19. (a) 10-22-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th year 1947 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1947 to Sept 10, 1947; that I last saw her alive on Sept 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Hypertension	
Due to Neurosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: GBC
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: R. M. Stewart (M. D. or other) D.O.
Address: Hirsch Building - City Date signed: Oct 18, 1947

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1949

RECEIVED

Health Officer No. 4

File Number 1047-1361

Date Filed 10-27-47

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.