

No. 2  
12-45  
8-17-39  
K 47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

41305

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 267

1. PLACE OF DEATH: Franklin  
(a) County Franklin  
(b) City or town White Oak, Mo. Ind. Jwp.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 10 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Franklin  
(c) City or town White Oak, Mo 55  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? NO (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ethel Beaver  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 30 1903  
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name E. J. Beaver

13. Birthplace Ark 1  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Dehart

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

16. (a) Informant Miss Mack Sutton

(b) Address White Oak, Mo

17. (a) Burial (b) Date thereof 1-1-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. H. Gray

(b) Address Ark

19. (a) 1-1-1948 (b) Carl Hubbard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31  
year 1947 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov. 1 1947 to Dec. 29 1947.  
that I last saw her alive on Dec. 29 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Duration \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 107

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(c) 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 George J. Sumner (M. D. or other) MD

Address Franklin, Mo Date signed 1/1/48

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

MOTHER FATHER

RECEIVED  
District Health Office No. 2,  
District File Number 148-47  
Date Filed 1-5-48

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

*John R. Casner*

Licensed Embalmer No.

2912

P. O. Address

*Rector, Ark*

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.