No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 3967
Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1124 Felix (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: St Joseph Rural (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. #5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT-LEE-BEATTY
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife: Lottie
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 9 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	11	3	hr. min.

9. Birthplace: (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
MOTHER FATHER
12. Name: George Beatty
13. Birthplace: unk (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Beeson
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Hazel Sands
(b) Address: St Joseph Mo - RR 5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Mora Cemetery
18. (a) Signature of funeral director: Blamer Funeral Home
(b) Address: St Joseph Mo.
19. (a) 2-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1948 hour 7:05 minute a. M.
21. I hereby certify that I attended the deceased from February 20, 1943 to February 12, 1948 that I last saw him alive on February 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	5 days
Due to: Arteriosclerosis	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (c) Means of injury:

23. Signature: E. H. Werner (M. D. or other) Date signed: 2-14-48
Address: Kirkpatrick Bldg., St. Joseph, Missouri

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAY 2 1948

FEB 26 194

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 Charles M. Harman

Licensed Embalmer No. 4486

P. O. Address St. Joseph

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.