

27154

State File No.

FILED SEP 7 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
422 South Walnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 422 South Walnut 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY BEGGS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. Beggs 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased May 11 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 3 12 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Quentin Wilson

13. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Graves

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

16. (a) Informant Mrs. Tilghman Medsker

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 8/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery

18. (a) Signature of funeral director Pine Funeral Home

(b) Address Maryville, Missouri

19. (a) 8-27-48 (b) Bias
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from not
attended 19____ to _____ 19____;
that I last saw her alive on not seen 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration 20 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) CP

Major findings: Of operations no operations

Of autopsy no 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 L.E. Dean-Coroner (M. D. or other) MD

Address Maryville Mo Date signed 8-24-48

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

4
1
2

SEP 3 0 1957

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.