

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39365

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

FILED DEC 27 1948  
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1374

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: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2212 So. 6th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Allen Beattie

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

4. Sex Male 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 October: 14 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>1</u>	<u>2</u>	<u>4</u>	hr.	min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
12. Name Robert S. Beattie  
13. Birthplace Barnard Missouri  
14. Maiden name Margaret Joan Hammond  
15. Birthplace Elwood Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert S. Beattie  
(b) Address 2212 So. 6th St.

17. (a) Burial (b) Date thereof 12/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Belmont Cemetery

18. (a) Signature of funeral director Heaton Burman  
(b) Address St. Joseph, Mo

19. (a) 12-21-48 (b) L. C. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1948 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 16, 1948 to Dec. 18, 1948  
that I last saw him alive on Dec. 18, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 107

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) \_\_\_\_\_  
(b) Means of injury 1  
23. Signature L. C. Jenkins (M. D. JONES)  
Address St. Joseph, Mo. Date signed 12-20-48

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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, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *3804*

P. O. Address *919 5/10th St. Wash.*

**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.**