

FILED APR 17 1946

Registration District No. 177

Primary Registration District No. 3035

Registrar's No. 5912

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Springton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
17th main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette  
(c) City or town Springton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 17th main  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLOTTE S. PAGE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Mar 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 11 3 hr. min.

9. Birthplace Kansas city mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business at home

MOTHER FATHER  
12. Name Joseph Beach  
13. Birthplace Ky  
(City, town or county) (State or foreign country)  
14. Maiden name Lena  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant D. E. Skilton  
(b) Address Springton, Mo

17. (a) Burial (b) Date thereof 2-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springville, Mo

18. (c) Signature of funeral director Fabius J. Mumpel  
(b) Address Springton, Mo

19. (a) April 1946 (b) Wm E. Calhoun  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 1946 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 16 1946  
to Feb 16 1946  
that I last saw her alive on Feb 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breasts Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 462

Other conditions Islet stones and bowel obstruction

Major findings: concrements and obstruction PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy none

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 J. D. Coffe (M. D. or other) \_\_\_\_\_  
Address Springton, Mo Date signed 2/16/46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-15-46

*copy*

**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: *W. McKean*

Licensed Embalmer No. 2983

P. O. Address *Leungton 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.**