

FILED FEB 15 1946

STANDARD CERTIFICATE OF DEATH

3294

Registration District No. 209

Primary Registration District No. 3043

State File No.

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Vandalia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 306 East State 1
(If rural, give location)
(e) Citizen of foreign country? No 1
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Janie Beedle

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 John W. Beedle 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased August 3 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 23
hr. min.

9. Birthplace Middletown (Pike Co) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farm

12. Name John James

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

14. Maiden name Lettie Culwell

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

16. (a) Informant Alan Beedle
(b) Address Vandalia, Missouri

17. (a) Burial (b) Date thereof Jan 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Missouri

19. (a) 1-29-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1946 hour 15 minute 15 M.

21. I hereby certify that I attended the deceased from
January 15, 1946 to January 26, 1946
that I last saw him alive on January 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 2 weeks
Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations gms

Of 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) no
(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 Dr. Hardesty (M. D. certifier)
Address Hannibal Mo Date signed 1-25-46

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

MOTHER FATHER

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 *William B. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia 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.