

REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25641
Do not use this space.

1. PLACE OF DEATH

(a) County Wasper Registration District No. 417
 (b) Township _____ Primary Registration District No. 3021 Registered No. 54
 (c) City Wells City (d) Street No. 624 N. DEVON. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 624 N. Devon St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Dunaway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawton Kansas

FATHER 13. NAME Ben Beasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ellen Bohman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Raymond Dunaway Wells City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction DATE 7/26/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wells City Ind. Co. Wells City Mo.

20. FILED JULY 25 1938 W. H. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20 1938 to July 23 1938
 I last saw her alive on July 23 1938. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:
Eclampsia

Date of onset

Other contributory causes of importance: 8 mo preg nacy, Pancyocardia, Vomited at death before I saw her

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify did a big laundry 7-15-1938
 (Signed) Wm. F. Butler, M. D.
 (Address) 116 1/2 N. Main Wells City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1950

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, myself.

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.