

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

2724
 Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 410
 (b) Township Preston Primary Registration District No. 5566 Registered No. 1
 (c) City Carthage, Route 2 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

C. C. Beatty
 (a) Residence, No. Carthage, Mo. Route #2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nany Lee Wear Beatty
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Macon County
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Samuel Beatty
 14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Miller
 16. BIRTHPLACE (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Jess Miller
 (ADDRESS) Carthage, Mo. R.F.D. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Golden City, Mo. DATE Jan. 22, 1939

19. FUNERAL DIRECTOR Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED Jan 22 1939 Clara E. Barnes
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21-39 19

22. I HEREBY CERTIFY, That I attended deceased from 1/1/39, 1939 to 1/17, 1939
 I last saw h. i.m. alive on 1/17/39, 1939. Death is said to have occurred on the date stated above, at 4:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum
Hypertension Heart Disease
 Date of onset 46

Other contributory causes of importance:
Hypertension Heart Disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? fluid examination autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____ (Signed) W. S. McArthur, M. D.
 (Address) 323 So. Main Carthage, 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 imp.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-370

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edle...

Licensed Embalmer No. 2222

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.)

3