

DEC'D APR 15 1939

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

10670

Do not use this space.

1. PLACE OF DEATH

(a) County Deer Registration District No. 266
(b) Township Spring Creek Primary Registration District No. 4164
(c) City Salem (d) Street No. _____
(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.

Registered No. 36

2. PRINT FULL NAME

(a) Residence, No. 460 Clara Beeler St. Salem, Missouri
(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 male 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 Sarah Elizabeth Beeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8 1871
7. AGE YEARS 68 MONTHS 1 DAYS 24 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel owner
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) (STATE OR COUNTRY) North County, Mo.

13. NAME Redman Leroy Beeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rebecca Majors
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Edythe Beeler
Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove Cem. DATE April 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. D. Holman
Salem, Mo.

20. FILED April 3 1939 F. E. Smith, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2 1939, to April 2 1939.
I last saw him alive on April 2 1939. Death is said to have occurred on the date stated above, at 8:00 p. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:
Arteriosclerosis 1934

Name of operation None Date of Mo.
What test confirmed diagnosis? Clinical findings Were an 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? No.
If so, specify _____
(Signed) A. E. Smith M. D.
(Address) Salem, Missouri

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
BOSTON

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. 928

P. O. Address

Salem, Mass.

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.