

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

15578
Do not use this space.

REC'D MAY 22 1939

1. PLACE OF DEATH

(a) County Monroe Registration District No. 587
 (b) Township Woodlawn Primary Registration District No. 1588
 (c) City..... (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. da.

2. PRINT FULL NAME

500 George Oscar Bean
 (a) Residence, No. Monroe Co. Mo. 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

MEDICAL CERTIFICATE OF DEATH

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie H. Bean

22. I, HEREBY CERTIFY, That I attended deceased from June, 1935, to April 21, 1939
 Last saw him alive on March 1, 1939. Death is said to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st 1873
 7. AGE YEARS 66 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.

Coronary Thrombosis
 Date of onset D. Knowlton

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) F.E.B., 1934 11. Total time (years) spent in this occupation 24

Other contributory causes of importance: 94 lb

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodlawn Mo.

FATHER 13. NAME George W. Bean

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

MOTHER 15. MAIDEN NAME Elizabeth Tissue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Geo. O. Bean R.F. No. 4, Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Apr. 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Speed & Blakey Paris, Mo.

20. FILED 4-22, 1939 F. Weddler Local Registrar

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?..... 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) J. C. Syath M.D.
F. Weddler (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-868

Date Filed MAY 18 1939

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. B. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris, 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.