

JUN 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18777

Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 380
 (b) Township _____ Primary Registration District No. 4224 Registered No. 17
 (c) City New Franklin (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

(a) Residence, No. 526 Henry Herman Beinker 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 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 Carrie Spedman Beinker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 - - - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Kind of 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) 1936 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Wm Beinker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Mrs. Gertrude Meyer
New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Not Known DATE 6/2/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. S. Newlin
New Franklin, Mo.

20. FILED 6-2- 1939 Clara T. Landrum
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to May 30, 1939

I last saw him alive on May 30, 1939. Death is said to have occurred on the date stated above, at 9 A.M.

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

myocarditis unknown

Other contributory causes of importance:

arteriosclerosis unknown
chr nephritis unknown

Name of operation None Date of _____

What test confirmed diagnosis? none Was there 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) G. L. Chamberlain M. D.

(Address) New Franklin, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6/16/39

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. 3515

P. O. Address

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.