

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 2 - 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6494
Registrar's No. 2

Registration District No. 290

Primary Registration District No. 5408 4114

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Beauchamp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Bill Carl
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John Pace
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 6-29-1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Dunklin Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____
MOTHER FATHER { 12. Name Tom Wilson
13. Birthplace not known
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Pace
(b) Address Beauchamp, Mo

17. (a) Burial (b) Date thereof 1-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beauchamp, Mo

18. (a) Signature of funeral director Mr. Daniel Thomas
(b) Address Beauchamp, Mo

19. (a) Feb-6-1940 (b) A. J. McDevitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Beauchamp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Jan day 20
year 1940 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan-7, 1940, to Jan-20, 1940
that I last saw her alive on Jan-19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nervous Breakdown Duration 20 days
Due to Death of son Dec 3-1937

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Prof. [unclear] (M. D. or other) 1
Address Beauchamp Mo Date signed 2-5-40

V. S. No. 2
FORM 6-17-39
REV. 6-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1939

RECEIVED

District Health Officer No. 2.

District File Number 2467-646

Date Filed 2/27/40

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.....

J.H.P. Groch, Registered Apprentice No.
working under my personal supervision.

Signed J.H.P. Groch

Licensed Embalmer No. 4106

P. O. Address Senath 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.