

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

MISSOURI STATE BOARD OF HEALTH

1940 STANDARD CERTIFICATE OF DEATH

State File No.

10607

Registration District No.

Primary Registration District No.

Registrar's No.

20

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Rural - Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community All of life

3. (a) PRINT FULL NAME Thomas Mariana Beaty

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosie Beaty 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 1 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 9 hr. min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jo Beaty
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Walker
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Beaty

(b) Address Humansville

17. (a) Alder (b) Date thereof 3-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alder

18. (a) Signature of funeral director St. C. Davis & Co

(b) Address Stockton Mo.

19. (a) March 16 1940 (b) Miss Minnie Bartleton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar
(c) City or town Humansville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1940 hour 3 minute 15

21. I hereby certify that I attended the deceased from March 8 to March 9, 1940
that I last saw him alive on March 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Chloroform

Other conditions g4
(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? g25

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature James H. Flaherty (M. D. or other) MD
Address Stockton Mo. Date signed 3-11-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.