

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11358

APR 25 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution:  
1328 G Street  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution 44 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry F. Beaver 164  
3. (b) If veteran, name war World War 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nell Beaver 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased December 8 1891  
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Desk Sergeant

11. Industry or business Joplin Police Dept.

12. Name David Beaver

13. Birthplace S. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Maudé Cochran

15. Birthplace Norwood Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Nell Beaver

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof April 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director HURLBUT UND. CO:

(b) Address Joplin, Mo

19. (a) 4-15-40 (b) Ed J. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1328 G Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 14  
year 1940 hour 4:15 minute \_\_\_\_\_ a. M.  
21. I hereby certify that I attended the deceased from Dec 10 40 to Apr 14 40  
that I last saw him alive on Apr 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 yrs

Due to \_\_\_\_\_  
Due to PT  
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? 940 (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 397

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature H. Walker (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 4-15-40

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....  
*Harry K. Carlstedt*

Licensed Embalmer No.....  
*95-9*

P. O. Address.....  
*Springer*

**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.**