

Registration District No. 62.86

Primary Registration District No. 644

1. PLACE OF DEATH:

(a) County. Ozark
(b) City or town. Almartha, Mo. Noble 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
In this community
years, months or days)

3. (a) PRINT FULL NAME. pearl Beach, 200

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

4. Sex. Female race. white 5. Color or _____ 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. J. E. Beach 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. April 23 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 22 hr. _____ min.

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

10. Usual occupation. Housewife.

11. Industry or business. _____

12. Name. J. A. Harley

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

14. Maiden name. N. E. Lottis

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

16. (a) Informant. J. E. Beach

(b) Address. Almartha, Missouri

17. (a) Burial (b) Date thereof. 3-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. souder

18. (a) Signature of funeral director. Neighbors 581

(b) Address _____

19. (a) April 2, 1940 (b) Hattie G. Danvers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Ozark
(c) City or town. Almartha
(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 15
year 1940 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 10, 1940, to March 15, 1940, that I last saw her alive on March 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Apoplexy & Double Bronchial Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. A. Beach (M. D. or other) MD

Address Elijah c me Date signed 3-21

Duration
6 days
7 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 4210-1150

Date Filed APR 15 1940

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.....

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.