

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.

Registration District No. 684

Primary Registration District No. 4408

State File No. _____

Registrar's No. 18

1. PLACE OF DEATH: Bowling Green

(a) County _____

(b) City or town Pike Co

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 yrs
years, months or days 2 6 2

3. (a) PRINT FULL NAME Annie E. Beshears

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife T. J. Beshears (Dead)

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 17 - 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER

12. Name Benjamin King

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

14. Maiden name Rachael McPike

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

16. (a) Informant's own signature Rosalee Dixon

(b) Address Bowling Green Mo

17. (a) Burial (b) Date thereof March 15 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Pisgah Cem.

18. (a) Signature of funeral director H. B. E. Moore

(b) Address Bowling Green

19. (a) 3-18 (b) H. B. E. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Bowling Green
(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 Mar day 13
year 1940 hour 11 1/2 minute _____ M.

21. I hereby certify that I attended the deceased from 2-9-40
_____, 19____, to 3-11, 19____;

that I last saw him alive on 2-9-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs

Due to _____

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) No

(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 T. H. Wilcoxson (M. D. or other) _____
Address Bowling Green Mo Date signed 3-14-40

RECEIVED

District Health Officer No. 10

District File Number 4-40-726

Date Filed APR 2 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.....

W. B. Edwards

Licensed Embalmer No. 3466

P. O. Address

Boulton, Tenn

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.