DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14183

State File No.

MAY 13 1940

Registration District No. 912

Primary Registration District No. 4550

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Vandalia
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

(c) City or town Curryville
(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.

3. (a) PRINT FULL NAME Homer B Beshears 26

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 Married

6. (b) Name of husband or wife Beshears

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

7. Birth date of deceased Feby 16 (Month) 1878 (Day) (Year)

8. AGE: Years 61 | Months 1 | Days | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business [illegible]

FATHER
12. Name W H Beshears
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name May E Pradway
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marion Evans
(b) Address Vandalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director W J Waters
(b) Address Vandalia Mo

19. (a) April-17-40 (Date received local registrar) (b) Carrie F. Utterback (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 12, 1940, to March 16, 1940, that I last saw him alive on March 16, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	4 days
Due to Lymphatic leucemia	2 yrs.
Due to	
Other conditions None (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? 27
(Specify type of place)
While at work? (e) Means of injury

23. Signature Morton W. Adler (M. D. or other) M.D.
Address Vandalia, Mo. Date signed 3/21/40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 5-40-983
Date Filed MAY 9 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 Watens

Licensed Embalmer No. 3325

P. O. Address Dundalan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.