

No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15106

FILED MAY 17 1940

State File No. \_\_\_\_\_

Registration District No. 400

Primary Registration District No. 6553B

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Jackson **3**  
(b) City or town Beauregard  
(c) Name of hospital or institution:  
Jackson County Home for the aged  
(d) Length of stay: In hospital or institution 1 1/2 years  
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Little Blue  
(d) Street No. J B Home  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME

Wm. M. Bevens

3. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. 157

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 8 1862

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Kentucky

10. Usual occupation Laborer

11. Industry or business unknown

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant Ernest Jackson

(b) Address 709 J B Home

17. (a) removal

(c) Place: burial or cremation Beauregard

18. (a) Signature of funeral director R. L. Jones

(b) Address Beauregard

19. (a) 4-6-40

(Date received local registrar)

Land J. Bevens

(Registrar's signature)

20. DATE OF DEATH: Month Mar day 23

year 1940 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to 3/23, 1940

that I last saw him alive on 3-21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature R. L. Jones (M. D. or other) \_\_\_\_\_

Address Beauregard Date signed 3/27/40

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 the above constitutes grounds for revocation of license.)**

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