

MAY 16 1940

614

Registration District No.

Primary Registration District No.

5816 4555

State File No.

Registrar's No.

11

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Granby mo
(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) 2

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

In this community 50 years years, months or days) (Specify whether

8. (a) PRINT FULL NAME ARTIE BEAVER 160

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

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

6. (b) Name of husband or wife William J. Beaver 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 6, 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Newton County, MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

12. Name William White

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

14. Maiden name Rachel Ferguson

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

16. (a) Informant W. J. Beaver

(b) Address Granby mo

17. (a) Burial (b) Date thereof 4-9-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Granby mo

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Granby mo

19. (a) Apr. 8, 40 (b) DeBeaune (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton

(c) City or town Granby (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 apr. day 7 year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from mar. 20 1940 to apr. 7 1940

that I last saw her alive on apr. 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Some brain pressure probably tumor

Duration 3 or 4 hrs. Resting

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy none

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? 544

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

23. Signature DeBeaune (M. D. or other) 1 Address Granby mo Date signed Apr 8-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 540-1314

Date Filed MAY 14 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.