

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21720

Do not use this space.

1. PLACE OF DEATH

(a) County Gentry

(b) Township

(c) City Mc Fall

(e) Length of residence in city or town where death occurred

Registration District No. 313

Primary Registration District No. 4189

Registered No. 30

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Jane Beach

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF M. B. Beach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1850

7. AGE

YEARS

MONTHS

DAYS

90

3

13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Gentryville
 (STATE OR COUNTRY) Missouri

FATHER

13. NAME Phillips Messner

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Mary Patton

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS)

Edith Robertson
Mc Fall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Zion

DATE July 3

1941

19. FUNERAL DIRECTOR Brooks Funeral Home
 (ADDRESS) Albany, Mo.

20. FILED July 5 1940 Mo Albany
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1940

22. I HEREBY CERTIFY, That I attended deceased from

June 1 1940 to July 1 1940
 I last saw him alive on July 1 1940. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. P. Treason, M. D.

(Address) 8600

RECEIVED

Health Officer No. 11,

740-1149
District File Number

JUL 9 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Clifford Brooks, Licensed Embalmer No. 3329

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Clifford Brooks
Licensed Embalmer No. 3329

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 21720

Registration District No. 313

Primary Registration District No. 4189

Registrar's No.

1. PLACE OF DEATH:

- (a) County Gentry
(b) City or town Mc Fall
(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 (Specify whether

In this community
years, months or days

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex 7

5. Color or
race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

90

3

13

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. July 3, 1948
(Date received local registrar)

Nora Motherhead
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry

(c) City or town Mc Fall
(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 July day 1
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

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 sta-
tistically.

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 B. R. Treasner (M. D. or other)

Address Mc Fall Mo. Date signed

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

SUPPLEMENTARY

