

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27835**

Registration District No. **20**

Primary Registration District No. **3002**

Registrar's No. **107**

1. PLACE OF DEATH

(a) County **Anderson**  
(b) City or town **Mexico Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Anderson Co. Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **about 30 hours**  
(Specify whether  
In this community  
years, months or days) **2 1/2**

3. (a) PRINT FULL NAME **JAMES MONROE BEAGLES**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **MALE** 5. Color or race **White**  
6. (b) Name of husband or wife **Mr. Grant Beagles** 6. (c) Age of husband or wife if alive **deceased** years  
7. Birth date of deceased **July 4 - 1953**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **1** Days **13** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

FATHER { 12. Name **James Madison Beagles**  
13. Birthplace **Boonville, Mo.** (City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name **Martha Little**  
15. Birthplace **Don** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ray Beagles**  
(b) Address **Mexico Mo. R.F.D.**  
17. (a) **Burial** (b) Date thereof **Aug. 19, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mexico Mo.**  
18. (a) Signature of funeral director **M. E. Beagles**  
(b) Address **Mexico Mo.**  
19. (a) **Aug. 19 - 1940** (b) **Blanche Reedy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Anderson**  
(c) City or town **Mexico Mo. - R.F.D.**  
(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. 7 \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **17** year **1940** hour **about 5** minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from **Aug 4**, 19**40** to **Aug 17**, 19**40**;  
that I last saw him alive on **Aug 16**, 19**40**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis (chronic)** Duration \_\_\_\_\_

Due to **12 hr**  
Due to \_\_\_\_\_

Other conditions **arterio sclerosis**  
(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? **Yes**  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature **W. H. McCall** (M. D. or other) \_\_\_\_\_  
Address **Wadsworth Mo** Date signed **8-17-40**

RECEIVED

District Health Officer No. 10

District File Number 9-40-1255

Date Filed SEP 10 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

*R. A. McPherson*

Licensed Embalmer No. 1133

P. O. Address

*Myrtle mo.*

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.