

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 25 1940

750

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

5985

State File No. 29481

Registrar's No.

1676

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural
(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 2

(Specify whether

In this community 31 years
years, months or days)

3. (a) PRINT FULL NAME JOHN WALTON BEAUCHAMP

8. (b) If veteran, ✓ 3. (c) Social Security name war. No. 251

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

6. (b) Name of husband or wife Lotta O. Strait 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept 27 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 3 If less than one day hr. min. ✓

9. Birthplace Vermillion Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business for self

12. Name Samuel Beauchamp

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

14. Maiden name Phengar

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

16. (a) Informant Mrs. E. J. Ford

(b) Address Douglas, Mo.

17. (a) Burial (b) Date thereof 9-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director M. E. Jordan

(b) Address Douglas, Mo.

19. (a) Aug 31 1940 (b) E. B. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town Rural
(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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1940 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from January 20 1938 to August 30 1940
that I last saw him alive on August 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Aortic regurgitation

Due to Hypertension

Due to Chronic nephritis with uremia

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?

(Specify type of place) (e) Means of injury

23. Signature E. B. Johnson (M. D. or other)

Address Douglas, Mo. Date signed 8-31-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

John H. Helt
working under my personal supervision.

....., Registered Apprentice No. *260*

Signed.....

J. H. Jordan

Licensed Embalmer No. *3200*

P. O. Address.....

Doniphan, 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.