

STANDARD CERTIFICATE OF DEATH

State File No. 35786Registrar's No. 63Registration District No. 538Primary Registration District No. 3028

1. PLACE OF DEATH:

- (a) County Madison
 (b) City or town Fredericktown
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2

(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 _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Frank L. VanBeek

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Emily Rosser VanBeek 6. (c) Age of husband or wife if alive 55 years7. Birth date of deceased Sept 12 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 - 25 hr. min.9. Birthplace Pleasant Hill Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Barber11. Industry or business Barber12. Name Allison H. VanBeek13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)14. Maiden name Josephine Hicks15. Birthplace Fredericktown Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Tommy N. VanBeek(b) Address Fredericktown Mo17. (a) Burial (b) Date thereof Oct 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fredericktown Mo18. (a) Signature of funeral director Ed. H. Webb(b) Address Fredericktown Mo19. (a) Oct 8, 1940 (b) S. C. S. Laughlin
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison(c) City or town Fredericktown
(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 October day 7
year 1940 hour 8 minute 49 A. M.21. I hereby certify that I attended the deceased from Oct 6, 1940, to Oct 7, 1940
that I last saw him alive on Oct 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Edema of lungs
inflammatory
Due to Angina pectoris

Due to

Other conditions Chronic Rheumatism
(include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

1 1/2 hours

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? _____

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

23. Signature Thos. Barron (M. D. number) _____Address Fredericktown Mo Date signed 10/8/40

(Licensed Embalmer's Statement on Reverse Side)

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

FORM 1 (1931)

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.

NOV 20 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Fredericktown 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.