

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35821

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Princeton, 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)
(d) Length of stay: In hospital or institution 2 yrs. (Specify whether years, months or days)
In this community, years, months or days

3. (a) PRINT FULL NAME Mary Charline Beverage

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

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

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

7. Birth date of deceased Sept. 6, 1938 (Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation check

11. Industry or business Cleveland Beverage

12. Name Princeton, Mo.

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

14. Maiden name Katherine Covey

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

16. (a) Informant Cleveland Beverage

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Oct. 26, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Mo.

18. (a) Signature of funeral director John M. Brown

(b) Address Princeton, Mo.

19. (a) 10/26-40 (b) J. M. Berry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer
(c) City or town Princeton Mo (If outside city or town limits, write "RURAL")
(d) Street No. (city) (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1940 hour 11:30 minute 30.4 M.

21. I hereby certify that I attended the deceased from Oct-24- Oct 24, 1940 to Oct 24, 1940 that I last saw her alive on never, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Duration
strangled & suffocated
in out door of a pit
Due to strangled & suffocated
Due to suffocation

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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) strangled & suffocated

(b) Date of occurrence Oct 24, 1940

(c) Where did injury occur Princeton, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

411 Home (Specify type of place)

While at work? no (e) Means of injury strangling

23. Signature J. M. Berry (M. D. or other)

Address Princeton Date signed 10/27/40

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. ~~2000~~
working under my personal supervision.

Signed

Noel Moss

Licensed Embalmer No.

2634

P. O. Address

Princeton, 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, fact should be so stated above.