

No. 2
1-10-39
7-1-39
492

Registration District No. 190

Primary Registration District No. 4113

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

1. PLACE OF DEATH:

(a) County Clark Mo.

(b) City or town Kahoka 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 _____
(Specify whether)

In this community _____
years, months or days 2

8. (a) PRINT FULL NAME Jessie Beall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife T. F. Beall

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

7. Birth date of deceased Aug-12-1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER

12. Name Warren Oruse

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

14. Maiden name Eunice Davis

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

16. (a) Informant Mrs. Alayne Beall

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof Jan. 1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Co.

18. (a) Signature of funeral director J. H. ...

(b) Address Kahoka Mo.

19. (a) 1-1-41 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Kahoka Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1940 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 10-2-40
_____, 19____, to 12-31, 19____.

that I last saw h. _____ alive on 12-31- _____, 19____.

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

Immediate cause of death Cancer of Thyroid.

Due to _____

Due to _____

Other conditions 5/7
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

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While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. ... (M. D. or other) do.

Address Kahoka Mo. Date signed 1-1-41

8
RECEIVED
District Health Officer No. 10
District File Number 1-41-78
Date Filed JAN 13 1941

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.....

Dec. 31-1940

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Otis R. Lutterick

Licensed Embalmer No.

2965-1

P. O. Address.....

Lurray 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.