

No. 2
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17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3944

Registration District No. 275

Primary Registration District No. 5170B

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Pulaski
(b) City or town: Richland Mo
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution
In this community, years, months or days

3. (a) PRINT FULL NAME: Deanna Sue Beasley
3. (b) If veteran, name war: No
3. (c) Social Security No.

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife: Infant
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased: Jun 10 1940

8. AGE: Years 11 Months 28 Days
If less than one day hr. min.

9. Birthplace: Springfield Mo

10. Usual occupation:

11. Industry or business: Infant

12. Name: Erwin Beasley

13. Birthplace: Crocker Mo

14. Maiden name: Marguerite Beuch
15. Birthplace: Richland Mo

16. (a) Informant: Erwin Beasley

(b) Address: Richland Mo

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 1/19/41
(c) Place: burial or cremation: Oak Lawn

18. (a) Signature of funeral director: [Signature]

(b) Address: Richland Mo

19. (a) Date received local registrar: Jan 12, 1941
(b) Registrar's signature: [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Camden 85
(c) City or town: Richland Rural
(d) Street No.
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Jan day: 8th
year: 1941 hour: 3 minute: 45 P.M.
21. I hereby certify that I attended the deceased from Dec 7 1940 to Dec 8 1940
that I last saw him alive on Dec 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure

Due to: Bronchial Pneumonia
Duration: About 10 Days

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 107
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?

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

23. Signature: W.H. Scherber D.O. 2
Address: Richland Mo Date signed: 1-9-41

RECEIVED

District Health Officer No. 7,

District File Number 2-41-196

Date Filed 2-4-41

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.

Not Embalmed

Signed *R.B. Inger*

Licensed Embalmer No. 3148

P. O. Address *Rockland*

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.