

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6830**

MAR 25 1941
Registration District No. **66**

Primary Registration District No. **5370**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Springcreek Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
(Specify whether
In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME Edward Clark Beaty

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Delphia Mickles 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 8 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 2 If less than one day
hr. min.

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

10. Usual occupation farmer

11. Industry or business X

MOTHER FATHER { 12. Name Joseph Beaty
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Delphia Beaty
(b) Address Salem Mo
17. (a) burial (b) Date thereof 2/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation De Moines, Iowa

18. (a) Signature of funeral director Carl X. Spencer
(b) Address Salem, Missouri
19. (a) 2-11-41 (b) Heath M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent **33**
(c) City or town Rural - Springcreek **0**
(If outside city or town limits, write "RURAL")
(d) XXXXXX Licking Pt. Salem, Mo. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from found dead in bed
how of death to unknown 19 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial attack

Due to Thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations L 430
Of autopsy L

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 Car
23. Signature William Carraway (M. D. or other)
Address Salem, Mo. Date signed 2-11-41

RECEIVED

District Health Officer No. 5,

District File Number 341392

Date Filed _____

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.

Signed _____

Licensed Embalmer No. 3806

P. O. Address Salem, Me

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.