

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15066**

Registration District No. **4496**

Primary Registration District No. **3075**

Registrar's No. **41**

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
227 Brunswick Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 27 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn
 (c) City or town Brookfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 227 Brunswick
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM-HARVEY-BEASON
 (b) If veteran, name war _____ (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 7. Birth date of deceased Sept - 19 - 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Greencastle / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Richard Beason
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Clark
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Beason
 (b) Address Brookfield

17. (a) Burial (b) Date thereof Apr-18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery - Mason County

18. (a) Signature of funeral director Hill Chapel
 (b) Address Brookfield

19. (a) 4-17-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16
 year 1941 hour 4 minute 50 P.M.
 21. I hereby certify that I attended the deceased from 4-14-41
 to 4-16, 1941
 that I last saw him alive on 4-16, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia Duration 2 da
 Due to Ph.D. host
 Due to Hypertension Duration 2 yrs
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 0 12/18
 Of autopsy 0
 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) 0
 (b) Date of occurrence 0
 (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? _____ (e) Means of injury 0
(Specify type of place)

23. Signature [Signature] (M. D. or other) _____
 Address Brookfield, Mo Date signed 4/17/41

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.....

J. H. Blacklock

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address. *Brookfield 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.