

No. 2
-1-4-41
5-17-39

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15461

Registration District No. 3088

Primary Registration District No. 3032

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
800 East 5th Street
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 800 East 5th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Alonzo E. Beeson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month April day 13
year 1941 hour 8 minute 00 p. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 18 1848
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-3-1941 to 4-13-1941
that I last saw him alive on 4-13-1941
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____ years

8. AGE: Years Months Days If less than one day
92 3 25 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 12/1

9. Birthplace Winston-Salem North Carolina
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name William Beeson
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Swain
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. L. Wells
(b) Address 800 E. 5th St., Sedalia, Mo.
17. (a) Burial (b) Date thereof 4/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 _____

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Missouri
19. (a) 4-13-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

23. Signature Alfred T. Mower (M. D. or other) _____
Address 111 W 4th St Sedalia Mo Date signed 4-15-41

(Licensed Embalmer's Statement on Reverse Side)

date yesterday

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-19-41

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.

Signed..... *Geo. D. ...*

Licensed Embalmer No..... 3868

P. O. Address..... Sedalia

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.