

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

19488 ~~12118~~
State File No.

Registration District No. 67 Primary Registration District No. 5104 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Ballinger
(b) City or town Rural, Liberty Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Lifetim
years, months or days)

3. (a) PRINT FULL NAME JACOB HENRY BEEH

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Rose Beel 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 3 - 9 - 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Beel
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Vandermeier
15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Beel

(b) Address Lutesville R.R. #1

17. (a) Burial (b) Date thereof 6-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennan Mo

18. (a) Signature of funeral director Morgan Funeral Home

(b) Address Adrian Mo

19. (a) 6-9-1941 (b) Mrs. Henry Beel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ballinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Leopold, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1941 hour 5:10 minute 30 A.M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

No medical attention

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

(Specify type of place)

(e) Means of injury

23. Signature J. E. Graham (M.D. or other) Colonel

Address Lutesville, Mo Date signed 5-30-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.