

FILLED AUG 8 1941

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
402 No Monroe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 402 No. Monroe  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 23<sup>rd</sup> year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Thrombosis  
Due to deceased sat down to breakfast table. Thrombosis  
Due to achieved resulting in immediate death.  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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).....  
(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 C. Everett Smith, D.O.  
Address Trina, Mo. Date signed 7/27/41

3. (a) PRINT FULL NAME Louis Melvin Beebe

3. (b) If veteran, name war..... 3. (c) Social Security No. 510 01 1200

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

6. (b) Name of husband or wife Katherine Spruill Beebe 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased. March 27, 1893  
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation Foreman Machine Shop

11. Industry or business Sinclair Prairie

12. Name Melvin Beebe

13. Birthplace Vicksburg Mich.  
(City, town, or county) (State or foreign country)

14. Maiden name Arletta Robinson Mich.

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

16. (a) Informant Mrs. L. M. Beebe

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof Jul. 25, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Willis-Marshall

(b) Address Carrollton, Mo.

19. (a) 7-25-41 (b) Smith  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JAN 26 1953

JAN 22 1953

RECEIVED  
District Health Officer No. 8,  
District File Number 8-6-41  
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 myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton, 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, fact should be so stated above.