DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

P. monroe,

State File No. 27705

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 128

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: Mayres MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrain Co. Hospt. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days, (Specify whether years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Andrain.
(c) City or town: Mayres (If outside city or town limits, write "RURAL")
(d) Street No.: 608 N. Clark, (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: MRS. KATHERYN-SIMS-BEATTY
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ralph Beatty
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: May (Month) 10 (Day) 1906 (Year)

8. AGE: Years 35 Months 2 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: Callaway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John M. Sims
13. Birthplace: Andrain (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Kerr Dawson
15. Birthplace: Callaway Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Ralph Beatty
(b) Address: N. Clark St., Mayres Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Salt River Church
18. (a) Signature of funeral director: Mc Pheeters Bros.
(b) Address: Mayres Mo.
19. (a) July 31-41 (Date received local registrar) (b) Blanche Neeley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 8:35 P.M.

21. I hereby certify that I attended the deceased from July 19, 1941, to July 29, 1941, that I last saw her alive on July 29, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Staphylococcus septicemia	10 days
Due to: Uterine hemorrhage?	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Acute nephritis	10 days

Major findings:
Of operations: 3
Of autopsy: 1395

PHYSICIAN — 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? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Karl E. Maneval (M. D. or other) M.D.
Address: Mexico Mo. Date signed: 7/29/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-41-1533
Date Filed AUG 20 1941

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 Roy McPherson

Licensed Embalmer No. 1133,

P. O. Address Meyrdo Mx,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.