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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1941

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35250

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 week years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County 999 20

(c) City or town Adrian Michigan.
(If outside city or town limits, write "RURAL")

(d) Street No. Visiting at time of death
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No 2 years.

3. (a) PRINT FULL NAME John Lawrence Beauchamp.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 19, 1940.
(Month) (Day) (Year)

8. AGE: Years 1 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Adrian Michigan. 1
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name J. Mellville Beauchamp.
13. Birthplace West Virginia. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Pearl Rutherford.
15. Birthplace Kansas. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. Melville Beauchamp.
(b) Address Adrain Michigan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 41
(Month) (Day) (Year)

(c) Place: burial or cremation G.A.R. CEM. MIAMI OK;

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 10-6-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 3, day 1941;
year hour 7-30 A. M. minute M.

21. I hereby certify that I attended the deceased from Oct 2, 19, to Oct 3, 19;
that I last saw him alive on Oct 2, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ileo-Colitis (Severe Toxemia)	2 days
Due to	
Due to Calcium Deficiency + Convulsions	2 days
Other conditions (Include pregnancy within 3 months of death) 2	

Major findings:
Of operations 119a
Of autopsy

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 Walter Howard Mo (M. D. or other)
Address Joplin Mo Date signed 12/4/41

3/12 (Licensed Embalmer's Statement on Reverse Side)

41-11-928

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

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

working under my personal supervision.

Signed Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

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

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