

FILLED NOV 10 1941

Registration District No. **668**

Primary Registration District No. **3032**

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:  
**104 West Jefferson**  
(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)

3. (a) PRINT FULL NAME **George Walker Beaman**

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 **Bertha Beaman** 6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **July 29 1885**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **2** Days **6** If less than one day hr. min.

9. Birthplace **Pettis Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**  
11. Industry or business **Construction**

MOTHER FATHER { 12. Name **William Beaman**  
13. Birthplace **Missouri**  
14. Maiden name **Sarah Elizabeth Erwin**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **T.E. Beaman**  
(b) Address **Sedalia, Mo.**  
17. (a) **Burial** (b) Date thereof **Oct. 7-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Erwin Cemetery**  
18. (a) Signature of funeral director **Gillespie Funeral Home**  
(b) Address **Sedalia, Mo.**  
19. (a) **10-7-41** (b) **Mrs. Harry Sneed**  
(Date received local registrar) (Registrar's Signature)

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. **104 West Jefferson**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5** year **1941** hour **11** minute **2** M.

21. I hereby certify that I attended the deceased from **Jan 1** 19**41** to **Oct 5** 19**41**  
that I last saw him alive on **Oct 5 1941** and that death occurred on the date and hour stated above.  
Immediate cause of death **Stroke entered**

Due to **Stroke entered**

Due to **Stroke entered**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**  
Of autopsy **None**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **None**  
(b) Date of occurrence **None**  
(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 **None**  
23. Signature **Channing** (M. D. or other)  
Address **Sedalia, Mo.** Date signed **Oct 7 1941**

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

80  
668

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-4-17

**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..... *L. C. Bouldin* .....

Licensed Embalmer No. *3867*

P. O. Address *Quincy 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.**

Registration District No. 2668

Primary Registration District No. 3032

Registrar's No. \_\_\_\_\_

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: \_\_\_\_\_  
(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)

3. (a) PRINT FULL NAME George Walker Berman

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 29, 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days \_\_\_\_\_ (If less than one day \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Septicemia Septicemia

Due to Septic infection  
Positive Wassermann

Due to Tuberculous, bronchopneumonia  
Leads to Crisis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Primary 20 years ago  
Of operations: with indolent tuberculous

Of autopsy 20g

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chas. A. Herrod (M. D. or \_\_\_\_\_)  
Address Sedalia Mo. Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-35731