

Wray
No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36354

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 299

8
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada, N. T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 1002 So College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Six years years, months or days

3. (a) PRINT FULL NAME Presley A. Beck
3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name Zimari Beck
13. Birthplace unknow (City, town, or county) (State or foreign country)
14. Maiden name unknow
15. Birthplace unknow (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha C. Ray
(b) Address Rt. #13, Eldorado Springs

17. (a) Burial (b) Date thereof 10-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Virgil City Cemetery

18. (a) Signature of funeral director Wm. F. Shiders
(b) Address Eldorado Springs, Mo.

19. (a) 10-13-41 (b) Allen W. Ray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 So College
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 12
year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from July 22, 1941 to Oct 12, 1941; that I last saw him alive on Oct 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis with generalized edema
Due to arterio sclerosis
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
1318

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 Wray (M. D. or other)
Address Missouri Date signed 10/13-41

Duration
Imm
23 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1833

Date Filed 11-7-41

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 _____

W.P. Gorman

Licensed Embalmer No. 2350

P. O. Address E. Woods P.O. 71. M.

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, above space should be left blank.