

FILED FEB 11 1947

Registration District No. 275

Primary Registration District No. 275-13

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural Richland Anglage Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
in this community 35 years (years, months or days)

3. (a) PRINT FULL NAME Hanna Elizabeth Beasley

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

4. Sex Female 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 May 1 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 28 If less than one day
hr. _____ min. _____

9. Birthplace Steelville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Furgeson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Beasley
(b) Address Richland, Missouri

17. (a) Burial (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richland, Missouri

18. (a) Signature of funeral director R. B. Leeper
(b) Address Richland, Missouri

19. (a) Jan 2 1947 (b) Ernest A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Richland Rural Anglage Twp
(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 1 day 4
year 1942 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Jan 4 - 1947 19 _____ to 19 _____
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chronic Ischemic Heart

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 93d

Major findings: _____ PHYSICIAN _____
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? 9

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature Abbi Woolery County coroner
(M. D. or other)
Address Camdenton, MO Date signed 1-6-47

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.