

FILED MAR 3 1942
Registration District No. 68

Primary Registration District No. 5103

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural, Crooked Creek twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULL NAME Howard J. Beacham

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 Dora M. Beacham 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. 1 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Port Huron Mich. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER { 12. Name Roscoe J. Beacham 1
13. Birthplace Romeo Mich. 1
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Hodliday
15. Birthplace Oxford Mich. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dora M. Beacham
(b) Address Bessville, Mo.

17. (a) Burial (b) Date thereof Jan. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope St. Cem. St. Louis, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. C. Baker

19. (a) Jan 9 42 (b) Mrs. Helen Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Bessville, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1942 hour 8:00 minute A. M.

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

Probable cause of death Coronary Occlusion
Due to _____
Due to no medical attention

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 9/40
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 Coroner

23. Signature J. C. Graham (M.D. or other) Coroner
Address Lutesville, Mo. Date signed 1-9-42

RECORDED

District Health Officer No. 4
District File Number 242-259
Date Filed 2-13-42

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.