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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 5909

Registrar's No. 129

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo Meth Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 hrs. (Specify whether

In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 514 ½ So 15 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy M Beeler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased July (Month) 5 (Day) 1871 (Year)

8. AGE: Years 70 Months 7 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Greenfield Beeler
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sally Evens
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. C C Caldwell

(b) Address 727 So. 16 St Joe Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph Missouri

19. (a) 2-9-42 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1942 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 5, 1942, to Feb 5, 1942 that I last saw her alive on Feb 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Hypertensive Heart disease	
~~Due to~~ Muscular fibrillation	
Myocardial degeneration	
Due to Congestive type	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83a

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 [signature] (M. D. or other) MD

Address St Joseph Mo Date signed 2-7-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Feb 5 1942 ....., Registered Apprentice No.....

working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo.

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

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