S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6808

State File No.

FILED MAR 3 1942

Registration District No. 390

Primary Registration District No. 4229

Registrar's No. 1

47

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

1. PLACE OF DEATH:

(a) County IRON

(b) City or town DES ARC
(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 40 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County IRON 47

(c) City or town Des Arc
(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

3. (a) PRINT FULL NAME BEULAH FRANCIS JAMES

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 MARRIED

6. (b) Name of husband or wife CHARLES JAMES

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JUNE (Month) 15 (Day) 1901 (Year)

8. AGE: Years 40 | Months 7 | Days 1 | If less than one day hr. / min.

9. Birthplace BOWLING GREEN (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business —

FATHER
12. Name CYRUS KITE
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name ROSALIE CARTER
15. Birthplace (City, town, or county) TENN 1 (State or foreign country)

16. (a) Informant CHARLES JAMES
(b) Address DES ARC, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN (Month) 18 (Day) 1942 (Year)
(c) Place: burial or cremation DES ARC CEMETERY

18. (a) Signature of funeral director Norman W. Gish
(b) Address Piedmont Mo

19. (a) 2-6-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16
year 1942 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from # # , 19 , to # , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Stenosis, and and Possibly Hemorrhage of the brain	
Due to	
Due to	
Other conditions Arteriosclerosis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92a
Of autopsy None

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 T. C. Pilon (M. D. or other) MD
Address Piedmont, Mo. Date signed 1-15-42

1283 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 242-243

Date Filed 2-12-43

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 Me, Registered Apprentice No. , working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.