S. No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7954

Primary Registration District No. 4430

Registrar's No. 68

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

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Sweet Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 East Marshall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Sweet Springs
(If outside city or town limits, write "RURAL")
(d) Street No.: 300 East Marshall
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

97
3
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3. (a) PRINT FULL NAME: RICHARD WALTER BEESON

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: Eliza Jane Beeson

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

7. Birth date of deceased: January (Month) 7th (Day) 1848 (Year)

8. AGE: Years 94 Months 2 Days 4 If less than one day: ✓ hr. ✓ min.

9. Birthplace: Winston Salem (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation: Farmer - Retired

11. Industry or business:

MOTHER FATHER

12. Name: Abner Beeson

13. Birthplace: Don't Know (City, town, or county) North Carolina (State or foreign country)

14. Maiden name: Sydnor

15. Birthplace: Don't Know (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant: E. D. Yokley

(b) Address: Sweet Springs Missouri

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

(c) Place: burial or cremation: Rose Valley Cemetery

18. (a) Signature of funeral director: Jesse Harbey

(b) Address: Sweet Springs Mo

19. (a) March 14-42 (Date received local registrar) (b) Mrs Bon Ho (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1942 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 11, 1942, to March 11, 1942, that I last saw ~~him~~ alive on March 11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchio-pneumonia — Duration: 2 days

Due to: Senility. Severe Cold

Due to:

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: — 107
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? —
While at work? — (Specify type of place) (e) Means of injury: —

23. Signature: A. H. Ringen (M. D. or other)
Address: Sweet Springs Date signed: 3-12-42

1-18

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-18-42

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 Jesse A Arvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.