

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 22 1944

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 35

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. Mexico city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 (Specify whether years, months or days)

3. (a) PRINT FULL NAME. John W. Beedle

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

4. Sex. male 5. Color or race. white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Janie Beedle 6. (c) Age of husband or wife if alive. 32 years

7. Birth date of deceased. April 22 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation. Farmer

11. Industry or business.

12. Name. unknown

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. Allen Beedle

(b) Address. Vandalia, Missouri

17. (a) Burial (b) Date thereof. Mar 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Vandalia, Mo.

18. (a) Signature of funeral director. W.S. Waters

(b) Address. Vandalia, Mo

19. (a) 3-5-1942 (b) Margaret B. Macken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Audrain
(c) City or town. Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 5
year. 1942 hour. 6:00 minute. 17 M.

21. I hereby certify that I attended the deceased from Feb 26 1942 to March 5 1942
that I last saw him alive on March 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypostatic pneumonia Duration

Due to General arteriosclerosis

Due to Fracture of femur, right

Due to Hypertrophied prostate gland

Other conditions. Arterio, sup. left
(Include pregnancy within 3 months of death)

Major findings: Hydrocele, right

Of operations. none

Of autopsy. 1860

18. 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). Accident (pre-disposing factor)

(b) Date of occurrence. 2/25/42

(c) Where did injury occur? Vandalia Audrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home, on farm

While at work? No (Specify type of place) (e) Means of injury. Fell

23. Signature. Hebrashar (M. D. or other) M.D.

Address. Mexico, Mo Date signed. 3/5/42

FEB 20 1945

RECEIVED

District Health Officer No. 10

District File Number 4-16-85-1

Date Filed APR 16 1942

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 Wm B Waters

Licensed Embalmer No. 4169

P. O. Address Vanidalia, 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.