DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 417

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11453

Primary Registration District No. 6258

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rt 3, Galena Kns (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Five Mile Shop (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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rt 3 - Galena Kns (If outside city or town limits, write "RURAL")

(d) Street No. Rural, Missouri (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Verona A. Beams

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Wm Deceased

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

7. Birth date of deceased July (Month) 23 (Day) 1862 (Year)

8. AGE: Years 79 Months 7 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Scotland Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Robinson Carney
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Amanda Snodgrass
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant J. C. Bodine

(b) Address 2419 Bird St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Bethpage Cem

18. (a) Signature of funeral director Thornhill Dillon

(b) Address 4th & Wall Tapin

19. (a) 3-18-1942 (Date received local registrar) (b) Theodore L. King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1942 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 6, 1942 to Feb 24, 1942 that I last saw her alive on Feb 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Ankle

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 55 P

Major findings: Of operations .....

Of autopsy No

Duration

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 E H Jones (M. D. or other) MD

Address Gamma Kansas Date signed 3.12.42

7109

(Licensed Embalmer's Statement on Reverse Side)

R. I VED
District Health Officer No. 6,
District File Number 442-484
Date Filed APR 1 0 1942

Theodore King
Seneca

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 David Dillon

Licensed Embalmer No. 3895

P. O. Address Joplin, Mo.

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

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

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11453

Registration District No. 411 Primary Registration District No. 6238 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Newton
(b) City or town
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Verona A. Beams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	7	8	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 7 minute 30 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 Chronic Valvular Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature E N Jones (M. D. or other)
Address Galena Kansas Date signed 5 16 42

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