

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15863

State File No. _____

Registrar's No. 14

Registration District No. 878

Primary Registration District No. 4531

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Sheldon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 44 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Sheldon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Streets not named or numbered
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 1 minute AM
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.

Immediate cause of death _____
Unknown -
from history, probably
coronary occlusion
Due to _____
Due to _____

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature G. Braaten, Jr. (M. D. or other) Coroner
Address Sheldon Mo Date signed 4/7/42

3. (a) PRINT FULL NAME LOTTIE REBECCA WATSON
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Julia K Watson 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Sept 3 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 3 hr. min.

9. Birthplace Peoria County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Beemy 4
13. Birthplace unk Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Rock
15. Birthplace unk Penna
(City, town, or county) (State or foreign country)

16. (a) Informant G. B. Beemy
(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof April 8 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director G. B. Beemy & Sons
(b) Address Sheldon Mo

19. (a) April 7 1942 (b) Glossner Ludwig
(Date received local registrar) (Registrar's signature)

1226

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

RECEIVED

District Health Officer No. 7,

District File Number 5-42-476

Date Filed 5-8-42,

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 Carroll T. Beeny

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.