

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17678**

FILED JUN 15 1942
Registration District No. **1948**

Primary Registration District No. **3010**

Registrar's No. **73**

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

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Carrollton**
(c) Name of hospital or institution: **414 N. Folger 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carroll**
(c) City or town **Carrollton**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1942** hour **8** minute **00** M.
21. I hereby certify that I attended the deceased from _____ 19____ to **5-10** 19**42**
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Dilatation of heart**
Due to _____
Due to _____
Duration **sudden**

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: **9504**
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? _____ (Specify type of place)
(Specify type of place) _____
23. Signature **William G. DeWood** (M. D. or other)
Address **Carrollton Mo** Date signed **5/11/42**

3. (a) PRINT FULL NAME **Charles J. Beam**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ollie N. Couch** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Jan 6 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farming (Retired)**

11. Industry or business _____
MOTHER FATHER { 12. Name **Benj. Beam**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Baxter**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Chas. J. Beam**
(b) Address **Carrollton Mo**

17. (a) **Rural** (b) Date thereof **May 12 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Hope Cem. Standley**

18. (a) Signature of funeral director _____
(b) Address **Carrollton Mo**

19. (a) **5-11-1942** (b) **Mrs. James Ruffely**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-12-42

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..... Ben W Gibson
Licensed Embalmer No. 2961
P. O. Address..... Carrollton, 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.