

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18370

State File No.

FILED JUN 10 1942

Registration District No. 490

Primary Registration District No. 5653

= Registrar's No. 151

1. PLACE OF DEATH:

(a) County Lincoln, Mo.
(b) City or town Whitesides Union
(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 11 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Ann Beauchamp

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife husband Mett Beauchamp 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased: (Month) 2 (Day) 2 (Year) 1970

8. AGE: Years 72 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ##

12. Name Tom Reids
13. Birthplace Lincoln Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Eury Lovelace
15. Birthplace Lincoln Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Beauchamp

(b) Address Whitesides, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/1942 (Month) (Day) (Year)

(c) Place: burial, or cremation Mill Creek Cemetery

18. (a) Signature of funeral director W.R. Dunning

(b) Address Silex, Mo.

19. (a) June 1, 1942 (Date received local registrar) (b) S. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Whitesides (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1942 hour minute M.

21. I hereby certify that I attended the deceased from May 20th, 1942, to May 20th, 1942.

that I last saw him alive on May 20th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Bronchitis

Due to Congestive Bronchitis

Due to 940

Other conditions 940

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence May 20 1942

(c) Where did injury occur? Whitesides Union, Mo. (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 3

23. Signature W.R. Dunning Date signed 5/24/42

Address Whitesides, Mo.

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

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 mc
frfr, Registered Apprentice No. frfr
working under my personal supervision.

Signed

W. B. Wanning

Licensed Embalmer No. 2231

P. O. Address. Silex, 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.