

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19176

State File No. _____

Registrar's No. 48

FILED JUN 3 1942 826826

Primary Registration District No. 46036088

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural Tiger Fork
(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 30 Yrs
years, months or days)

3. (a) PRINT FULLNAME Daniel Jackson Beville

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 1 divorced married
6. (b) Name of husband or wife Hattie L Beville 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Tan 22 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 10 _____ hr. _____ min.

9. Birthplace NOT KNOWN Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Peter F. Beville
13. Birthplace NOT KNOWN Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Draper
15. Birthplace NOT KNOWN Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Beville
(b) Address Philadelphia, Mo

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

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director C. W. Musgrave

(b) Address Bethel Mo.

19. (a) Apr 14 1942 (b) Wedge Louch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Rural Tiger Fork
(If outside city or town limits, write "RURAL")
(d) Street No 11 Miles Northeast of Bethel
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Tan 30
1942 to March 31 1942
that I last saw him alive on March 31 1942
and that death occurred on the date and hour stated above.
Immediate cause of death MYOASTROSTENOSIS

Due to _____
Due to _____

Other conditions Acute Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (d) Means of injury _____

23. Signature Dr. Howard Dutton (M.D. or other) DO
Address Bethel Mo Date signed 4/4/42

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

RECEIVED

District Health Officer No. 10

District File Number 6-1-1190

Date Filed JUN 1 - 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.....

Self

....., Registered Apprentice No.

working under my personal supervision.

Signed

C. W. Musgrove

Licensed Embalmer No.

2719

P. O. Address

Bethel, 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.