

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 23 1942  
Registration District No. 104

Primary Registration District No. 31534

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - St. Aubert  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R # 6 Fulton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Mrs. Ella Laura BEAVER

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 \_\_\_\_\_

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

7. Birth date of deceased March 3 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>3</u>	<u>3</u>	hr. _____ min.

9. Birthplace Harrisburg Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Peter B. Gungah

18. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Farney  
(City, town, or county) (State or foreign country)

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary W. Beaver

(b) Address Fulton Missouri

17. (a) Burial (b) Date thereof June 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris Prairie

18. (a) Signature of funeral director Les H. Wallace

(b) Address Fulton Missouri

19. (a) 6-8 1942 (b) Janie Moravitzoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural - St. Aubert  
(If outside city or town limits, write "RURAL")

(d) Street No. R # 6 Fulton  
(If rural, give location)

(e) If foreign born, how long in U. S. A. Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6  
year 1942 hour 4 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from about 10 yrs  
ago 1932 to 6-6 1942  
that I last saw her alive on 5-31 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Culosis

Duration years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 136

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 W. O. Payne M.D. (M. D. or other) \_\_\_\_\_

Address R # 6 Fulton Date signed \_\_\_\_\_

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

Rev. 5-17-39  
FORM 1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1147

---

---

**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

*Dwight B. Rogers*  
Licensed Embalmer No. *23940*

P. O. Address *Fulton, 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, above space should be left blank.**