

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24272**

FILED AUG 10 1942

Registration District No. **309**

Primary Registration District No. **5430**

Registrar's No. **77**

1. PLACE OF DEATH:

(a) County **Gentry**
(b) City or town **Rural Bogle**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North east of Gentry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
(Specify whether
In this community **All her life**
years, months or days)

3. (a) PRINT FULL NAME **Myrtle Viola 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 **married**
6. (b) Name of husband or wife **James Beauchamp** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **Jan. 25 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 5 12 hr. min.

9. Birthplace **Grant City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home maker**

11. Industry or business

MOTHER FATHER { 12. Name **Andrew Shelby**
13. Birthplace **Grant City Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Shannon**
15. Birthplace **Grant City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Beauchamp**
(b) Address **Gentry, Mo.**

17. (a) **Burial** (b) Date thereof **7/9/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Prairie Chapel**

18. (a) Signature of funeral director **William M. Nelson**
(b) Address

19. (a) **July 9 42** (b) **James M. Nelson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **North east of Gentry**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**
year **1942** hour **2** minute **30** P.A.M.

21. I hereby certify that I attended the deceased from **Oct. 2 1940** to **July - 7 1942**
that I last saw her alive on **July - 4 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction of heart** 5 yrs
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **No**

Of autopsy **No**

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 **7/9/42**
(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 **B. J. Ross MD** (M. D. or other)
Address **Grant City, Mo.** Date signed **July 9 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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3329

P. O. Address Albany 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.