FILED SEP 1 1 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26570
Do not use this space.

1. PLACE OF DEATH
(a) County Atchison Co — Registration District No. 11-5 — 3
(b) Township — Primary Registration District No. 4016 — 2
(c) or City Tarkio mo — (d) Street No. / St. — 0 Registered No. 28
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Anna Beeson
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martin Beeson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-12-1872
7. AGE: Years 69 — Months 9 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Decatur Co. / Iowa

FATHER
13. NAME: Jesse Hague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown ?

MOTHER
15. MAIDEN NAME: Margaret Hall ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown ?

17. INFORMANT (ADDRESS): Mrs. Henry Huening, Rock Port mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenhill Cemetery DATE Aug 25, 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. B. Beltran, Rock Port Mo.
20. FILED Aug 24, 1942 Mrs. Darrell Martin, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1941, to Aug 23, 1942, I last saw ... alive on Aug 21, 1942. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 4
321	

Other contributory causes of importance:
arteriosclerosis ?

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas Henry, M. D.
(Address) Tarkio mo

11 & 0 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-9-19-38 1 X16605

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 By Me, Registered Apprentice No. , working under my personal supervision.

Signed J. B. Bertram

Licensed Embalmer No. 4024

P. O. Address Koch Port 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.