

Registration District No. 133

Primary Registration District No. 3022

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

1. PLACE OF DEATH:

(a) County HARRISON

(b) City or town BETHANY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

(c) City or town BETHANY  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES NEWTON BEEKS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 8 day 1 year 1942 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from 6-21 1942 to 8-1 1942  
and that death occurred on the date and hour stated above.

that I last saw him alive on 8-1 1942

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife HARRIET 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4 15 1859  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Bronchial pneumonia 3 days

Due to Carcinoma of 1 yr +  
lip lower

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

8. AGE: Years Months Days If less than one day

83 3 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name THOMAS BEEKS

{ 13. Birthplace \_\_\_\_\_ OHIO  
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARY FANCHER

{ 15. Birthplace \_\_\_\_\_ TENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Dunn

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 8/2/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOBBS CEMETERY

18. (a) Signature of funeral director S. M. Haas

(b) Address Bethany, Mo.

19. (a) 8/4/42 (b) John M. Burgess  
(Date received local registrar) (Registrar's signature)

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 B. R. Latta (M. D. or other) \_\_\_\_\_  
Address Bethany, Mo. Date signed 8-4-42

**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.....

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

Signed.....



Licensed Embalmer No. 3899.....

P. O. Address.....

**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.**