

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED AUG. 24 1942

State File No. _____

Registration District No. 1822 Primary Registration District No. 4497 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Birch Tree Mo.
(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 10 Months (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

James C. Beavers
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Clare Beavers 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased June 6 (Month) (Day) (Year)

8. AGE: Years 37 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Leborer

11. Industry or business _____

12. Name Robert Beavers

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Lucy Barton

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

16. (a) Informant Clare Beavers

(b) Address MT View Mo.

17. (a) Burial (b) Date thereof June 1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Green Mo.

18. (a) Signature of funeral director John F. Brown

(b) Address MT View Mo.

19. (a) 6-9-42 (b) Frank Hyde Mo. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon
(c) City or town Birch Tree Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 2nd 1942 to May 3rd 1942 that I last saw him alive on May 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death P. B.

Due to Natural Weakness
Body

Other conditions (Include pregnancy within 3 months of death) 13th

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature E. E. Fersell (M. D. or other) _____

Address MT View Mo. Date signed 6-6-42

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

RECEIVED

District Health Officer No. 5,

District File Number

842696

Date Filed

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.

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.