

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

ALB OCT 13 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 912

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Buchanan County Poor Farm  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2116 Edmond  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James G Beeler

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
year 1942 hour 9 minute 40 AM

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Given Gregg

6. (c) Age of husband or wife if alive years 42

7. Birth date of deceased: May 23 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20 1942 to Sept 22 1942

that I last saw him alive on Sept 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis  
Fracture Left Femur

Duration: years

8. AGE: Years 61 Months 3 Days 29  
If less than one day hr. min.

Due to

Due to

9. Birthplace: Andrew Co. Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

Other conditions: Cerebral Hemorrhage unknown  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name: Charles N. Beeler

13. Birthplace: Andrew Co. Mo. O  
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Mc Dorman

15. Birthplace: Andrew Co. Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs J. D. Nicks

(b) Address: 2116 Edmond St Joseph

17. (a) Burial (b) Date thereof: Sept 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Branch Cemetery

18. (a) Signature of funeral director: Fleeman & Son Inc

(b) Address: St Joseph, Missouri

19. (a) 9-24-42 (b) Rose Huggins  
(Date received local registrar) (Registrar's signature)

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) 131 ✓

(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) (a) Means of injury

23. Signature: Albert E. Hazley (M. D. or other)  
Address: 822 Edmond Street Date signed: 9/23/42

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

**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.....  
..... Sept 22 42 ....., Registered Apprentice No.....  
working under my personal supervision.

Signed... John El Shurley .....,  
Licensed Embalmer No. 4050 .....,  
P. O. Address St Joseph Missouri .....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29811  
Registrar's No. 912

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

- (a) County Buchanan
- (b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)
- In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_
- (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")
- (d) Street No. \_\_\_\_\_  
(If rural, give location)
- (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James G. Beeler

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I first saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis Duration yes

Due to fracture left femur

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

Other conditions cerebral hemorrhage  
(Include pregnancy within 3 months of death)

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? Injury due to a fall in the Buchanan

county Buchanan  
While at work? (Specify type of place) (Specify part of industry)

23. Signature Albert G. Kelley (M. D. or other) \_\_\_\_\_

Address 822 Edmund St Date signed \_\_\_\_\_

St Joseph Missouri

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

SUPPLEMENTARY

