

No. 2  
1-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 11 1942  
Registration District No. 31

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33137

State File No. \_\_\_\_\_

Primary Registration District No. 5108

Registrar's No. 18

1. PLACE OF DEATH: Benton,  
(a) County Lincoln Rural Williams  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospt- 4 weeks  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks.  
(Specify whether  
In this community 50 Yrs,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Benton,  
(c) City or town Lincoln Rural, Williams  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. N.E. Lincoln 5 mile  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME FRED BEYER  
(b) If veteran, No, name war \_\_\_\_\_  
(c) Social Security No. NO,

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct, day 10  
year 1942 hour 6 minute 10 p. M.

4. Sex M, O 5. Color or race white  
6. (a) Single, widowed, married, divorced Widower  
(b) Name of husband or wife Maria, Beyer, (c) Age of husband or wife if alive dead, years 9  
7. Birth date of deceased Jan 9 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-17-42 to 10-10-42 that I last saw him alive on 10-10-42 and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of colon

8. AGE: 80 Years 9 Months 1 Days If less than one day hr. min.

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

9. Birthplace Florence Mo, (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer, all his life,

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business  
12. Name Daniel Beyer  
13. Birthplace dont know Germany 4 (City, town, or county) (State or foreign country)  
14. Maiden name Maria Jung  
15. Birthplace Dont know Germany 4 (City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Leo Beyer  
(b) Address Lincoln Mo,  
17. (a) \_\_\_\_\_ (b) Date thereof 10-12-42 (Burial, cremation, or sepulchral) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Mts Olivet Mo  
18. (a) Signature of funeral director J.B. Calvert  
(b) Address Lincoln Mo,  
19. (a) 10-13-1942 (b) Sue Selover (Date received local registrar) (Registrar's signature)

(Specify type of place) While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature J. B. Calvert (M. D. or other) M.D.  
Address Cole Camp Mo Date signed 10-11-42

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

RECEIVED

District Health Officer No: 71

District File Number 11-42-1205

Date Filed 11-9-42

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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

J. B. Albert.

Licensed Embalmer No. 2500

P. O. Address Lincoln 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.**