

FILED OCT 21 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33199

State File No.

Registration District No. 22-41

Primary Registration District No. 10-00-5132

Registrar's No. 924

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural #6, Wayne Township
(c) Name of hospital or institution: St. Joseph, Missouri.
(d) Length of stay: In hospital or institution 62 years
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural #6
(d) Street No. Rural # DeKalb Road
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME

John Franklin Beaty

(b) If veteran, name war No.

(c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Beaty 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 26 1861

20. DATE OF DEATH: Month September day 19th. year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from March 14 1936 to September 19, 1942 that I last saw him alive on Sept. 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs.
Due to Hypertensive cardiac sclerosis cardiovascular renal disease

8. AGE: Years 81 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Knoxville Tennessee

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Nicholas Beaty
13. Birthplace Unknown Tennessee
14. Maiden name Sarah Gaut
15. Birthplace Unknown Tennessee

16. (a) Informant Mrs. Ada Beaty
(b) Address R.R. #6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9-21-1942

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 13th & Faraon St., St. Joseph, Mo.

19. (a) 9-21-42 (b) Rose Herzog

Other conditions none
Major findings: Of operations no operation Of autopsy no 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature E. L. Grant (M. D. or other) MD
Address St. Joseph, Mo. Date signed 9-21-42

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

Signed

Geo E Daniel

Licensed Embalmer No. **3300 Missouri**

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.