

STANDARD CERTIFICATE OF DEATH

Also NOV 13 1942

State File No.

Registration District No. 4444

Primary Registration District No. 405-5-1051

Registrar's No. 35-

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer

(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 6 yrs

In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Braymer

(d) Street No.

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Thomas Jefferson Beam

3. (b) If veteran, name war. --

3. (c) Social Security No. --

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Stella Beam

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

7. Birth date of deceased Dec 6th, 1866

8. AGE:

Years	Months	Days	If less than one day
75	10	13	hr. min.

9. Birthplace unknown Va.

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name Benjamin F. Beam

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant Mr. Willie Beam

(b) Address Braymer, Mo

17. (a) burial (b) Date thereof Oct-21-1942

(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director

(b) Address Braymer, Missouri

19. (a) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th

year 1942 hour 11 minute 50a. M.

21. I hereby certify that I attended the deceased from

1939 to Oct 19 1942

that I last saw him alive on Oct. 19 1942

and that death occurred on the date and hour stated above.

Immediate cause of death:

Angina Pectoris 3 hrs.

Chr. Mitral Insufficiency 29 yrs

General Arterio Sclerosis 37 yrs

Other conditions:

(Include pregnancy within 3 months of death)

C. L. Woolsey 92 P

Major findings:

Of operations

Of autopsy

PHYSICIAN

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 C. L. Woolsey

Address Braymer Mo

Date signed Oct 21-42

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

19-17-39
X29484

003

11/21

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 *Demard F. Mead*

Licensed Embalmer No. 2801

P. O. Address. Braymer, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33849
Registrar's No. 35-

Registration District No. 44

Primary Registration District No. 4061

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Braymer
(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
In this community _____ years, months or days)

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: Thomas Jefferson Bean

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 m

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

7. Birth date of deceased Dec 6 1899
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days _____ If less than one day _____ min.

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

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 _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 08-21-1949 (b) E. U. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 6 Year 1949 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 _____

Duration

Due to _____

Due to _____

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.

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

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

Address _____ Date signed _____

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

SUPPLEMENTARY

