

Registration District No. 667

Primary Registration District No. 6067

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Tiffin
(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 7 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME George Franklin Bean

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

4. Sex M 5. Color or race O 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 10-1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 0 If less than one day hr. _____ min. _____

9. Birthplace St. Clair County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Etta Davis
(b) Address Tiffin Mo.

17. (a) Burial (b) Date thereof 8-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Johnson City

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola, Missouri

19. (a) 5-9-28-42 (b) T. B. Broadwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1st
1942 to Aug 9th, 1942
that I last saw him alive on Aug 9th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to Had a cold

Due to unknown

Other conditions 330
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

Duration
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury none
23. Signature J. P. Richardson (M. D. or other) _____
Address Tiffin Mo. Date signed 9-25-42

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

93
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93
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0

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RECEIVED

District Health Officer No. 7,

District File Number 11-42-1221

Date Filed 11-9-43

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 Chas Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Osceola, 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.