

36539

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1942

Registration District No.

Primary Registration District No. 3002

Registrar's No. 172

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 W. Love St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME William Barker Beattie

3. (b) If veteran, None
name war
3. (c) Social Security No. 491-05-6014

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Martha Ann Beattie
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased. September 7, 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 8
If less than one day
hr. min.

9. Birthplace. Nelsonville, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Foreman

11. Industry or business. Fire Brick Plant

12. Name. Robert Beattie

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

14. Maiden name. Susan Shrader
Bazil Ohio

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

16. (a) Informant. Mrs. Martha A. Beattie

(b) Address. Mexico, Mo.

17. (a) Burial (b) Date thereof. Nov. 18, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Elmwood, Mexico, Mo.

18. (a) Signature of funeral director. Paul E. Jones

(b) Address. Mexico, Mo.

19. (a) Nov. 16 - 1942 (b) Margaret H. Mackay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Audrain
(c) City or town. Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 602 W. Love St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th
year 1942 hour Five minute 15 A.M.

21. I hereby certify that I attended the deceased from September 21st, 1942, to November 16th, 1942;

that I last saw him alive on Nov. 16th, 1942;

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

Immediate cause of death. Gastric Carcinoma

Due to

Due to

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

Major findings: Of operations.

Of 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? (City or town) (County) (State)

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

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

23. Signature. Paul E. Jones (M.D.)

Address. 605 W. Love, Mexico. Date signed 11/16/42

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

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-42-4084

Case File 100-10-1942

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.....

Earl E. Precht

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.