No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38238

Registration District No. 533 Primary Registration District No. 3074 Registrar's No.

100
5
2

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County Scott 5
(c) City or town Sikeston 2
(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 0

3. (a) PRINT FULL NAME Rosie B. Beer

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Clarence E. Beer

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased 9 (Month) 11 (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	1	13	hr. min.

9. Birthplace Bucoda (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Cotton Picker

11. Industry or business

FATHER
12. Name Jack Beard
13. Birthplace Clay Co. (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Rosie Blevens
15. Birthplace Wayne Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Jack Beard
(b) Address Sikeston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Kennett Mo.

18. (a) Signature of funeral director H.W. Albritton
(b) Address Sikeston Mo.

19. (a) 11/13/42 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24 year 1942 hour 8 minute a M.

21. I hereby certify that I attended the deceased from 10-24-42, 1942 to 10-24-42, 1942 that I last saw her alive on 10-24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 4 days

Due to

Due to 122 Pr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Intestinal Obstruction due to adhesions
Of autopsy NO

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) NO
(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? (e) Means of injury

23. Signature M G Anderson (M.D. or other)
Address Sikeston Mo Date signed 11-13-42

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1142-1456
Date Filed 11-18-42

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 Not Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.