

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

38391

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 374 Primary Registration District No. 4550

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

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Sheridan, Missouri
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Worth
(c) City or town Sheridan Mo.
(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 SHARLOTTE JANE BEEZLEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 7
year 1942 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from September 1942
to Nov 5, 1942
that I last saw her alive on 5, 1942
and that death occurred on the date and hour stated above.

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. R. Beezley 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 3, 1883
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Due to _____
Due to _____

8. AGE: Years 59 Months 7 Days 3 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 93 e
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Worth Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name Andy Freeman

13. Birthplace Worth Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lena Beal

15. Birthplace Worth Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Beezley

(b) Address Sheridan Mo.

17. (a) burial (b) Date thereof 11-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheridan Mo.

18. (a) Signature of funeral director J. C. Dumble
(b) Address Grant City, Mo.

19. (a) Nov 10, 1942 (b) Arline Scadden
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Dentley Neal (M.D. or R.N.)
Address Grant City, Mo. (City or town) (County) (State) signed 11-9-42

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

Signed..... *Arch C. Dimple*.....
Licensed Embalmer No. *3252*.....
P. O. Address..... *Grant City, 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.