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V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1000

Registrar's No. 1185

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3025 South 24 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 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 3025 South 24 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ruth Beam

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife George W. Beam

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

7. Birth date of deceased May (Month) 24 (Day) 1858 (Year)

8. AGE: Years 84 | Months 6 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Noble County (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name David Clary
13. Birthplace Unknown (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Eliza Herriage
15. Birthplace Sarahsville (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs Ethel Foutch

(b) Address 3025 So. 24 St Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/7/42 (Month) (Day) (Year)

(c) Place: burial or cremation Register Cemetery

18. (a) Signature of funeral director Heaton Begole & Bowman

(b) Address St. Joseph, Mo.

19. (a) 12-6-42 (Date received local registrar) (b) Rose Hagog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1942 hour 12 minute 50 A M.

21. I hereby certify that I attended the deceased from Nov. 2 1942 to Dec 5 1942
that I last saw her alive on Dec 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis 42

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 month

93d

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J W Mays (M. D. [redacted])

Address 2801 Renfrot Date signed Dec 6. 1942

(Licensed Embalmer's Statement on Reverse Side)

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 .....

10/5/42, ..., Registered Apprentice No. .....,

working under my personal supervision.

Signed Frank A. Browning

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.