

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

ED MAR 12 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6834

Registrar's No. 20

Registration District No. 178

Primary Registration District No. 4281

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Canton Canton  
(If outside city or town limits, write "RURAL" and name of township)  
(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 8 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick Beaty

8. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased Feb. 27 1858 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 11 13 hr. min.

9. Birthplace Lima Twp. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Beaty  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Heberling  
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winifred Smith  
(b) Address Canton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ursa, Illinois

18. (a) Signature of funeral director Carl H. Beakley

(b) Address Canton, Mo.

19. (a) 2-12-43 (Date received local registrar) (b) P. W. Keimig (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Canton (If outside city or town limit, write "RURAL")

(d) Street No. 1012 W. Bland (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1943 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb. 5 1943 to Feb. 10 1943; that I last saw him alive on Feb. 10 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 5 days

Due to cancer having had spread removed from back & neck

Due to 53

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations operated last time 4 months ago 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? \_\_\_\_\_

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

23. Signature Dr. Carl Beakley Address Canton, Mo. Date signed 2-12-43

(Licensed Embalmer's Statement on Reverse Side)

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

917

RECEIVED

District Health Officer No. 10

District File Number 2-42-554

Date Filed MAR 12 1943

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

*Earl H. Barkley*

Licensed Embalmer No.

2615

P. O. Address

*Canton, 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, above space should be left blank.