

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

DIED MAR 16 1943
Registration District No. 378-101

Primary Registration District No. 5397

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Vanzant, Mo. (Prayan, Miss.)
(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 _____ (Specify whether _____)
In this community Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Vanzant, Missouri
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13
year 1943 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan. 1 - 1943 to Feb. 13 - 1943
that I last saw her alive on Feb. 12 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 [Signature] (M. D. or other) _____
Address Mrs. Stone No. 1 Date signed 2-15-43

3. (a) PRINT FULL NAME Rachel Elizabeth Beesley

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased January 1 1960
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Douglas Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Stephen Crain

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

14. Maiden name Eliza Miller

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

16. (a) Informant Chude Bremer

(b) Address Vanzant, Mo.

17. (a) Burial (b) Date thereof Feb. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherty Hall

18. (a) Signature of funeral director [Signature]

(b) Address Mrs. Stone
19. (a) 3-11-43 (b) H. M. Lower
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

George Stajep

Licensed Embalmer No.....

3161

P. O. Address.....

Mr. George Stajep

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.