

Registration District No. 139

Primary Registration District No. 4224

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Forest City  
(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 14 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Forest City  
(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 George Beasley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace Beasley

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: February 15 1880  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	0	28	hr. _____ min.

9. Birthplace: Benton Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation: Railroad Employee

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name Jesse Beasley

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name McBride

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Beasley

(b) Address Forest City, Mo.

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

(c) Place: burial or cremation Forest City, Mo.

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Osage, Mo.

19. (a) 3-24-43 Pauline Dawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct.  
1942 to MAY 14, 1943  
that I last saw him alive on MAY 14 2 A.M., 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: HYPOSTATIC PNEUMONIA.

Due to CARDIAC-RENAL DISEASE.

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1/3/4

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 Howard Colbin A.B. DO. (M. D. or other)

Address Forest City Mo. Date signed Mar 24, 43

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

1180

**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.....

*James H. Pettigrew*

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.**