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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 4

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town VERSAILLES
(If outside city or town limits, write "RURAL" and name of township)
(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 2 Wks. (Specify whether
In this community 2 Wks. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JASPER
(c) City or town GARTHAGE
(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 1

3. (a) PRINT FULL NAME WILLIAM OTTO BEESON

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

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased JULY 29, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 21 hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARM

12. Name WILLIAM BEESON

13. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

14. Maiden name CORNELIA ANN TURNAGE

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

16. (a) Informant L. A. BEESON

(b) Address Versailles, Mo

17. (a) Removal (b) Date thereof 2/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GARTHAGE, MO

18. (a) Signature of funeral director W. G. Gumm

(b) Address Versailles Mo

19. (a) 2-18-1943 (b) Ray Berstressee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 18
year 1943, hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Feb 7
1943 to Feb 18 1943
that I last saw him alive on Feb 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Failure

Due to Arterio Sclerosis
and Hypertension
Due to 3

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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) (a) Means of injury 3

23. Signature W. G. Gumm (M. D. 3)
Address Versailles Mo Date signed 2/18/43

Duration 36 hrs
several
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1027

RECEIVED

Public Health Officer No. 71

2-43-95

Date Filed 3-10-43

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 A. F. Kimmel

Licensed Embalmer No. 1596

P. O. Address Crescent Ave

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.