

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 391

1. PLACE OF DEATH:

(a) County Duchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community (St. Joseph, Mo.) (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Richardson
(c) City or town Fall City, Neb.
(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 2

3. (a) PRINT FULL NAME FRANK ELLIS BEATY

3. (b) If veteran, name war None 3. (c) Social Security No. 508-03-1594

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Carrie Beaty 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 9th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 29 hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business Highway Dept

12. Name Hugh Jackson Beaty

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

14. Maiden name Martha Alice Shields

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

16. (a) Informant Mrs. Carrie Beaty

(b) Address Fall City, Neb

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/9/43
(Month) (Day) (Year)

(c) Place: burial or cremation Fall City, Neb

18. (a) Signature of funeral director Walter A. Bereman

(b) Address 319 So. 10th Street, Home

19. (a) 4-8-43 (Date received local registrar) (b) Robe Hlyog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1943 hour 8 minute 49 A.M.

21. I hereby certify that I attended the deceased from March 20, 1943, to April 8, 1943
that I last saw him alive on April 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to arteriosclerosis

Due to Diabetes mellitus

Other conditions 61
(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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Wm. P. Long D.O. (M.D. or other)

Address 823 Farney Street Date signed 4/8/43
St. Joseph, Mo.

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 4/8-43
....., Registered Apprentice No.
working under my personal supervision.

Signed

Frank A. Pennington

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.