

S. No. 2  
M-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21296**

LED JUL 12 1943  
Registration District No. **20**

Primary Registration District No. **4197**

Registrar's No. **61**

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

1. PLACE OF DEATH:

(a) County **Peoria**

(b) City or town **Stanhurst Mo**  
(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 \_\_\_\_\_ (Specify whether)

In this community **30-5-0** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Peoria**

(c) City or town **Stanhurst**  
(If outside city or town limits, write "RURAL")

(d) Street No. **East 2nd street**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Grover Stephens Beal**

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

4. Sex **Male** 5. Color or race **Wht**

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

6. (b) Name of husband or wife **Anna Beal** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **3 15 1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**58 3 6** hr. min.

9. Birthplace **Peoria County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Teamster**

11. Industry or business **Teamster for hire**

12. Name **Humphrey Beal**

13. Birthplace **Peoria County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charley Bush**

15. Birthplace **Peoria County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs James Beal**

(b) Address **Stanhurst Mo.**

17. (a) Burial (b) Date thereof **6-24 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Full City Cemetery**

18. (a) Signature of funeral director **J. W. Johnson**

(b) Address **Stanhurst Mo.**

19. (a) **July 1-1943** (b) **Arthur W. Decker**  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1943** hour **6** minute **00 AM**

21. I hereby certify that I attended the deceased from **6-21 1943** to **6-21 1943**

that I last saw him **alive on** \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary hemorrhage**

Due to **Pulmonary T.B.**

Other conditions (Include pregnancy within 3 months of death) **13 1/2**

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) (e) Means of injury \_\_\_\_\_

23. Signature **A. W. Decker** (M. D. or other)  
Address **Stanhurst Mo.** Date signed **6-21-43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1108

**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.....  
*J. Ewan Johnson*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. Ewan Johnson*.....  
Licensed Embalmer No. *3493*.....  
P. O. Address *Starkburg, 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.**