

FILED JUL 20 1943

Registration District No. 247

Primary Registration District No. 5840

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural - Van Buren Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural -
(If outside city or town limits, write "RURAL")

(d) Street No. Van Buren Township
(If rural, give location)

(e) Citizen of foreign country? none (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME PEARL Grace Beaver

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Oscar A. Beaver

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

7. Birth date of deceased October - 3 - 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>8</u>	<u>24</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John E. York

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

14. Maiden name Frances Armstrong

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

16. (a) Informant Mrs. Della J. Danner

(b) Address Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 43
(Month) (Day) (Year)

(c) Place: burial or cremation 3007 Newtonia Mo.

18. (a) Signature of funeral director Ballaway's

(b) Address Monett Missouri

19. (a) June 29, 43 (Date received local registrar) (b) John Danner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1943 hour 4 minute 52 P.M.

21. I hereby certify that I attended the deceased from May 26, 1943, to June 27, 1943.
that I last saw her alive on June 27, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver
Duration 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Charles O. Chesto (M. D. or other) D.O.

Address Ex. 47, Mo. Date signed 6/28/43

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

MOTHER FATHER

Date Received JUL 15 1943

File no. 743-132

JUL 19 1943

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.....

Licensed Embalmer No. 2066

P. O. Address. snodgrass 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.