

No. 2
-5.42
5-17-39-
1 X32873

NOV 12 1943 107

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Bennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 200 King St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 months + 15 days (Specify whether years, months or days)

In this community 17 months + 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

(d) Street No. Near Grassy
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME LOUISIA VICTORIA BEACHERES

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 Hugh BEACHERES

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. 18, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Lee

13. Birthplace Not known (City, town, or county) (State or foreign country)

14. Maiden name Manerway White

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Hugh Beacheres

(b) Address Grassy, Mo.

17. (a) Burial (b) Date thereof Oct. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fura Cem. Mo.

18. (a) Signature of funeral director Henry S. Morgan

(b) Address Advance, Grassy, Mo.

19. (a) 10/28/43 (b) Julius Blumenthal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1943 hour 3:15 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 4 to Oct 4 1943 that I last saw h. er alive on Oct 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions JZal
(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) no

(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 TM 40

23. Signature Paul Baldwin (M. D. or other) 10-8-43
Address Bennett Date signed 10-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

901

RECEIVED

District Health Office No. 2,

District File Number 1143-142

Date Filed 11-11-43

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

Lloyd S. Morgan, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lloyd S. Morgan

Licensed Embalmer No. 2360

P. O. Address Advance, 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.