S. No. 2
M—5-42
v. 5-17-39

34872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8

FILED NOV 8 1943

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Moody Benton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouris (b) County Howell
(c) City or town Moody
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah E. Beasley
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alexander W. Beasley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 28 (Day) 1870 (Year)

8. AGE: Years 63 Months 3 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Isaac Warren
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Martha Wood
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs F.W.Wheeler
(b) Address Moody Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Levi Arkansas
18. (a) Signature of funeral director [illegible]
(b) Address Thayer Mo
19. (a) 10-2-43 (Date received local registrar) (b) Paul Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1943 hour 11 minute 30 pM.
21. I hereby certify that I attended the deceased from Aug-12, 1943 to Aug-15, 1943
that I last saw her alive on Aug 12- 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 3a1	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address West Plains Mo Date signed 8-19-43

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5, 5-
District File Number 1143635
Date Filed 11-5-43

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.