

FILED DEC 7 1943

State File No. _____

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 697

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill
(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 1
(Specify whether _____)

In this community 1 year
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")

(d) Street No. E. Walnut
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edna Beulah

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1943 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 1742
_____, 19____, to Nov. 15th, 1943

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife John W. Beulah

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 8 1877
(Month) (Day) (Year)

that I last saw her alive on Nov. 14th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiosis

Duration _____

8. AGE: Years 66 Months 8 Days 7

If less than one day _____ hr. _____ min.

Due to Myocardial decompensation

Due to Arteriosclerosis

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

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.

10. Usual occupation at home

11. Industry or business _____

12. Name John A. Evans

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

14. Maiden name Olga Benzler

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

16. (a) Informant Edna M. Beulah

(b) Address 905 - N. Whaling St. No.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Nov. 18 43
(Month) (Day) (Year)

(c) Place: burial or cremation Beverly Mo.

18. (a) Signature of funeral director Paul R. Ready

(b) Address Rich Hill Mo.

19. (a) Nov. 16 43 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

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 Tracy R. McRae (M.D. or other) D.O.

Address Erskine Bldg. 2 Hill No. Date signed 11-15-43

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

MOTHER FATHER

1542

RECEIVED

District Health Officer No. 7,

Obituary File Number 11-437290

Date Filed 12-6-43

MAY 2 1944

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. Hudson Reasley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.