

WRITE FULLY IN PLAIN TERMS. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

39479

DEC 11 1943

Registration District No.

375

Primary Registration District No.

6280

Registrar's No.

34

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville, Mo. Ruarl Hart
(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 18 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME John Deloney Beidleman

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Beidleman 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 6, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry I. Beidleman
18. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizebeth Daloney
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cora Beidleman

(b) Address Hartville, Mo.

17. (a) Burial (b) Date thereof Nov. 23, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seele Memoria Cem.

18. (a) Signature of funeral director Gene E. Halbur

(b) Address Hartville, Mo.

19. (a) 12-2-43 (b) W. S. Wynne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles south east
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 10, 1940 to Nov 20, 1943
that I last saw him alive on Nov 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hr.

Due to Chronic nephritis

Due to Myocardial infarction

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) Means of injury 3

23. Signature W. S. Wynne (M. D. or other)
Address Hartville, Mo. Date signed 11-21-43

RECEIVED

Dist. Health Officer No. 6,

Dist. File No. 1243-1352

Date Filed 12-8-43

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Norwood, 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, above space should be left blank.