

Registration District No. 32

Primary Registration District No. 2109

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Bullinger
(b) City or town Russell Creek
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME John Beun

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Hessie Beun 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased February 17 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Ardenburg Second (City, town, or county) Holland (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clara Leetess
(b) Address Russell Creek, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 8 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Harrison Cemetery

18. (a) Signature of funeral director John E. Brown
(b) Address Russell Creek, Mo.
19. (a) 12/6/43 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bullinger
(c) City or town Russell Creek (If outside city or town limits, write "RURAL")
(d) Street No. Mon Bessville (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country Naturalized

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1943 hour 2 minute 25 M.
21. I hereby certify that I attended the deceased from Jan 17 1943 to Dec 6 1943
that I last saw him alive on Dec 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Embolism, coronitis, myophritis
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 92d
Of operations
Of autopsy

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) (a) Means of injury
33. Signature Edwin Crites (M. D. or other)
Address Seelye & Co. Chgo. Date signed 12/6/43

1663 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

FEB 1 5 1944

RECEIVED

District Health Officer No. 4
District File Number 144-3147
Date Filed 1-6-44

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

Sten Wilson
2828

Licensed Embalmer No.

P. O. Address

Jackson, 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.