

No. 2
-2-43
7-17-39
X39697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Missouri of 38416-45
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42601

FILED JAN 14 1944
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 601-A

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Hopkin
(c) Name of hospital or institution: Deerpelt 0
(d) Length of stay: In hospital or institution 6 days
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County McDonald
(c) City or town Southwest City, MO
(d) Street No. 0
(e) Citizen of foreign country? None
If yes, name country None

3. (a) PRINT FULL NAME Fred John Beissel

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. 488-16-458

20. DATE OF DEATH: Month 25th day Oct, year 1943 hour 11:11 AM minute 11 A. M.

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

21. I hereby certify that I attended the deceased from Oct 19 that I last saw him alive on Oct 25 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 11 years

Immediate cause of death Coronary Occlusion

7. Birth date of deceased May 29 1868

Due to Surgical operation

8. AGE: Years 75 Months 4 Days 26 If less than one day 11 hr. min.

Due to Hemiatomy

9. Birthplace St. Louis, Mo.

Other conditions Hemiatomy

10. Usual occupation Clerk

Major findings: Of operations Hemiatomy

11. Industry or business Same

Of autopsy 12707

12. Name Peter Beissel

22. If death was due to external causes, fill in the following:

13. Birthplace Not known Prussia

(a) Accident, suicide, or homicide (specify) _____

14. Maiden name Barbara

(b) Date of occurrence _____

15. Birthplace Not known Prussia

(c) Where did injury occur? _____

16. (a) Informant Dr. Bert Spiser

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Address Parvillo - MO

While at work? _____ (Specify type of place)

18. (a) Signature of funeral director F. M. Humphrey

23. Signature D. W. Beissel (M. D. or other) Do

19. (a) 12-27-43 (b) Arthur S. Suter

Address 214 Hopkin Date signed 10/27/43

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

522

1208

(Licensed Embalmer's Statement on Reverse Side)

42-12-1104

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 *Carey Thompson*

Licensed Embalmer No. *3259*

P. O. Address. *Neosho 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.