

Registration District No. 210

Primary Registration District No. 4322

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Princeton
(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 years, months or days)

In this community 58 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Beverage

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Beverage 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 22 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>30</u>	_____.hr. _____.min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name William Mulvania

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

14. Maiden name Rose A. Wilcox

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

16. (a) Informant Charles Beverage

(b) Address Princeton, Mo.

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

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Princeton Mo.

19. (a) 12-26-43 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65

(c) City or town Princeton
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1943 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec 1
1, 1943, to Dec 22, 1943
that I last saw her alive on Dec 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration _____

Due to _____

Due to unknown

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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) (e) Means of injury _____

23. Signature E.W. Alley (M. D. or other) _____

Address Dec 22-43 Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 H. Ivan Martin.....

Licensed Embalmer No. 5760.....

P. O. Address Princeton, 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.