

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43143**
Registrar's No. **17**

Registration District No. **FILED JAN 22 1944**

Primary Registration District No. **43 48**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Hellsville Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 year** (Specify whether years, months or days)
In this community **12 year**

3. (a) PRINT FULL NAME

Mary Magdalene Beale

3. (b) If veteran, name war **1** 3. (c) Social Security No. **2**

4. Sex **F** 5. Color or race **N.** 6. (a) Single, widowed, married, **2 divorced. Widow**

6. (b) Name of husband or wife **M. Beale** 6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **Jan - 5 - 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **6** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business **same**

12. Name **Walter Vohrer**

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

14. Maiden name **Walter**

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

16. (a) Informant **Mr. Carl Hager**

(b) Address **Hellsville Mo.**

17. (a) **Burial** (b) Date thereof **12-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hellsville Mo.**

18. (a) Signature of funeral director **W. B. Heller**
(b) Address **Hellsville Mo.**

19. (a) **Dec 12, 1943** (b) **W. B. Heller**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **Hellsville Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(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 **11** year **1943** hour **7** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Dec 2** 1943 to **Dec 11** 1943 that I last saw her alive on **Dec 11** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia** Duration **9 day**

Due to **congestion heart failure**

Due to **2 4a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **2 4a**

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **Willis W. Walla** (M. D. or other) **MD**

Address **Willis W. Walla** Date signed **12/13/43**

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

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

Signed

T B Wells

Licensed Embalmer No.

1558

P. O. Address

Wellsville, 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.