

S. No. 2  
-94-41  
5-17-39  
I X22442

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4724

FILED FEB 18 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 6218 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Dover Twp  
(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 1  
(Specify whether \_\_\_\_\_)

In this community 24 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 7 miles East 2 miles north of Sheldon Mo.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA MITTIE BEVER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 16 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Taswell Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation invalid

11. Industry or business \_\_\_\_\_

12. Name Stephen Bever

13. Birthplace Clinton Co. Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Grant

15. Birthplace Montgomery Co. Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Bever

(b) Address Sheldon R-2

17. (a) Burial (b) Date thereof Jan 12, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director H. W. Beery

(b) Address Sheldon Mo

19. (a) Jan 12, 1944 (b) Wesley Bever  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1944 hour 6-30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Oct 9 1943 to Jan 9 1944  
that I last saw her alive on Oct 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis  
Duration 6-8 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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 2

23. Signature W. H. Colston (M. D. or other) DO.  
Address Sheldon Date signed 1-10-44

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

MOTHER FATHER

1226 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

1-44-15-6

Date Filed

2-9-44

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 *J. Bernard Beery*

Licensed Embalmer No. *4461*

P. O. Address *Sheldon Co.*

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.