

FILED MAR 24 1944

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town RURAL - GRANT TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COATSVILLE, MO. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs. (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

WILLIAM THOMAS BEELE

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, 2 divorced W.

6. (b) Name of husband or wife ISOPHENE

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

7. Birth date of deceased JAN. 11 1853
(Month) (Day) (Year)

8. AGE: Years 91 Months - Days 14

If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county)

MO. 0 (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business

12. Name PHILLIP BEELE

13. Birthplace GERMANY (State or foreign country)

14. Maiden name MARIE ROADS

15. Birthplace MO. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Barley Beeler

(b) Address Leonia MO

17. (a) BURIAL (b) Date thereof 1-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JINTOWN CEM.

18. (a) Signature of funeral director J. D. Hueston

(b) Address 210 N. 1st St., Jintown, Mo.

19. (a) 8/4/44 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. COATSVILLE, MO
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25 year 44 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1 1944, to 1-25-1944

that I last saw him alive on 1-24-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
suppurative
Due to _____

Due to _____

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 0

23. Signature P. D. Hueston (M. D. or other) _____

Address Coatsville Mo Date signed 1/29

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-540

Date Filed MAR 8 1944

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.....

Licensed Embalmer No. 3304

P. O. Address Monroe, 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.