

No. 2
A-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8190

State File No. _____

FILED FEB 28 1944
No. 2316

Primary Registration District No. 6070

Registrar's No. 21

1. PLACE OF DEATH

(a) County St. Francis Co. (Liberty Twp)

(b) City or town Rural
(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 _____ (Specify whether years, months or days)

In this community 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francis

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

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

(e) Citizen of foreign country? L (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME LUCY ANN BEEMAN

3. (b) If veteran, name was L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1944 hour 4 minute 30 A. M.

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

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

6. (b) Name of husband or wife Alvin A. Beeman

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: Jan. 26 04
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 29 at Jan 29 1944 that I last saw her alive on Jan 29 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months - Days 3
If less than one day hr. _____ min. _____

9. Birthplace Springfield MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death Past. partur. hemorrhage Duration 2 hrs

Due to Child birth

Due to _____

Other conditions (Include pregnancy within 3 months of death) 146e

MOTHER FATHER

11. Industry or business _____

12. Name Arthur Giles

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Marion Ellen Giles

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Corne Rose Beeman

(b) Address W. Mack No. Star Rt

17. (a) Burial (b) Date thereof 1-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Cemetery

18. (a) Signature of funeral director Ed N. Webb

(b) Address Fredricks town - MO

19. (a) Feb-3-1944 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 S

23. Signature Arthur Beeman (M. D. or other) _____
Address Fredricks town Mo Date signed 2/1/44

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

FEB 28 1944

RECEIVED

District Health Officer No. 4
District File Number 244-3441
Date Filed 2-25-44

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 *John H. Held*
Licensed Embalmer No. 4264
P. O. Address *Fredricktown, N.J.*

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.