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K26390

FILED APR 10 1944  
Registration District No. 38

Primary Registration District No. 3010

State File No. \_\_\_\_\_  
Registrar's No. 122

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
So. E. Mo. Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 days (Specify whether  
In this community 38 days years, months or days)

3. (a) PRINT FULL NAME William Lee Beasley

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lucinda J. Beasley 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 5 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	4	20	hr. _____ min.

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

10. Usual occupation FATHER

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

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unk

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

16. (a) Informant Elmer J. Beasley

(b) Address Cottage Hills Ill

17. (a) burial (b) Date thereof Mar. 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGee Chapel

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

(b) Address Lutesville, Mo.

19. (a) 4-4-44 (b) H. H. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sollinger

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

(d) Street No. Near Glen Allen  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 16 - 1944 to Mar 25 - 1944  
that I last saw him alive on 3-25-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease Duration 2 days

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

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

Other conditions Coronary Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Hypertrophy of prostate

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) (e) Means of injury \_\_\_\_\_

23. Signature Paul M. Newland (M. D. or other) M.D.  
Address Cape Girardeau Mo. Date signed 4-1-44

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

**RECEIVED**

District Health Officer No. 4  
District File Number 44-3687  
Date Filed 4-7-44

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**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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**