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X32873

FILED APR 5 1944

Registration District No. ....

Primary Registration District No. 3071

Registrar's No. 9

1. PLACE OF DEATH:

(a) County. Saline  
(b) City or town. Slater  
(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. 65 years (Specify whether  
In this community. 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Saline 97  
(c) City or town. Slater 2  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Geo. Williem Beeler

3. (b) If veteran, name war ..... 3. (c) Social Security No. 7-9-12-1475

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased. Dec. 23, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	9	.....hr. ....min.

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

10. Usual occupation. R.R. Employee

11. Industry or business. Concrete Gang R.R.

MOTHER FATHER {

12. Name. Fred Beeler

13. Birthplace. Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name. Sydney Ford

15. Birthplace. Saline Co Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant. Rufus Beeler

(b) Address. Slater Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 4-5-44  
(Month) (Day) (Year)

(c) Place: burial or cremation. Slater (Cemetery) Mo.

18. (a) Signature of funeral director. Jones and Salzer

(b) Address. Slater Mo.

19. (a) 4-9-44 (Date received local registrar) (b) Mrs. John Giger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April day. 2 year. 1944 hour. 1.45 A.M. minute. 0 M.

21. I hereby certify that I attended the deceased from Oct. 1, 1944, to Apr. 1, 1944, that I last saw him alive on Apr. 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebrovascular Prostate

Due to .....  
Due to ..... 51R  
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? .....

(Specify type of place) While at work? ..... (c) Means of injury. 0  
23. Signature. C. W. Caldwell (M. D. or other) Address. Slater Mo. Date signed. 4-3-44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

1211

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-14-44

MAY 26 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 Herman Salzer

Licensed Embalmer No. 1831

P. O. Address Slater Missouri

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.