S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5012

State File No. 13962

Registrar's No. 36

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: "Rural" Empire (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 miles N. E. Savannah, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew

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

(d) Street No.: 7 miles N. E. Savannah (If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: WILLIAM H. BEATTIE

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Mary Ann Beattie

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: Jan. (Month) 10 (Day) 1853 (Year)

8. AGE: Years 91 | Months 2 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: ____

FATHER

12. Name: Armstrong Beattie

13. Birthplace: Gladesprings (City, town, or county) Virginia (State or foreign country)

MOTHER

14. Maiden name: Nancy Paulette

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

16. (a) Informant: Mrs. Mary Ann Beattie

(b) Address: R. R. # 3 Savannah, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4/ 12 /44 (Month) (Day) (Year)

(c) Place: burial or cremation: Savannah, Mo.

18. (a) Signature of funeral director: Heaton Bethle & Bowman

(b) Address: 319 South 10th

19. (a) 4/11/44 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1944 hour 5 minute 30P M.

21. I hereby certify that I attended the deceased from April, 1943 to April 9, 1944 that I last saw him alive on April 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inflamation of bladder	3 days
Due to: rupture of bladder	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): stroke	2 wks.

Major findings:
Of operations: 135a
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Walter C. Myers M.D. (M. D. or other)

Address: Savannah, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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. Frank H. Bowman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.