

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17292

FILED JUN 12 1944

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
913 E. Monroe St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether)
 In this community 21 years
 years, months or days

3. (a) PRINT FULL NAME Anne Beedie

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James S. Beedie
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased September 28, 1888
 (Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 19
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Robb

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

14. Maiden name Unknown

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

16. (a) Informant James S. Beedie

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof May 19, 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Mackie

(b) Address Mexico, Mo.

19. (a) May 18-1944 (b) Margaret H Mackie
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 913 E. Monroe St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1944 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from Sept. 15
1942, to May 13, 1944
 that I last saw her alive on May 14, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hr

uterine carcinoma 2 1/2 yrs.

Due to _____

Due to _____

Other conditions Essential Hypertension

(Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus

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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Paul E. Mackie (M.D. or other) MD

Address Mexico, Mo. Date signed 5/19/44

RECEIVED

District Health Officer No. 10

District File Number 6-44-113

Date Filed JUN 9 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.....

Earl E. Procht, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.