

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 6 1944

Registration District No.

Primary Registration District No. 4476

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Downing
(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 50 yrs. (Specify whether
In this community 50 yrs. years, months or days)

3. (a) PRINT FULL NAME Margaret Isobel Beal

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased June (Month) 15 (Day) 1873 (Year)

8. AGE: Years 70 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Nicholas Schupbach
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Martha Ellen Bridge
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Rowe

(b) Address Abbeville R. m.

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

(c) Place: burial or cremation Downing Mo.

18. (a) Signature of funeral director Loyd Moore

(b) Address Downing Mo.

19. (a) May 4 1944 (Date received local registrar) (b) Ch. Justice (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler
(c) City or town Downing Mo. (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from April 4th 1944 to April 28 1944 that I last saw her alive on April 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension and arteriosclerosis

Due to —

Other conditions (Include pregnancy within 3 months of death) 83a1

Major findings: 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 George W. Johnson (M. D. or other) DO.
Address Downing Mo. Date signed 5/4/44

RECEIVED

District Health Officer No. 10

District File Number 6-44-1041

Date Filed JUN 5 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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.