

FILED OCT 10 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No.

Registrar's No. 763

30882

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution Hodges Hotel - 504 W. Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
In this community 1 Month
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. Hodges Hotel - 504 W. Olive
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles J. Beauchmin

3. (b) If veteran, name with Spanish American 3. (c) Social Security No. 491-26-1887

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced unk.
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased Feb. 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days unk. If less than one day hr. min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business
MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Personal Papers

(b) Address

17. (a) Burial (b) Date thereof 9/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 9-25-44 (b) S. W. Haulch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1944 hour 8:00 minute p. M.

21. I hereby certify that I attended the deceased from no physician or attendance 19...
that I last saw him alive on ... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AKA 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) (c) Means of injury

23. Signature Thomas C. Stone, Coroner (M. D. or other)

Address Springfield, Mo. Date signed 9-22-44

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

6759

MAY 31 1945

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 *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Birmingham Ala*

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.

X