V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31963

State File No.

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Dutzow Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren 109

(c) City or town Dutzow (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John HENRY BEUKE

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 M

6. (b) Name of ~~husband or~~ wife wife Anna Beuke

6. (c) Age of ~~husband~~ or wife if alive 71 years

7. Birth date of deceased Nov (Month) 22 (Day) 1868 (Year)

8. AGE: Years 75 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Section Hand

11. Industry or business ~~[illegible]~~

FATHER
12. Name John Henry Beuke
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdalena Ekler
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Herman J. Beuke

(b) Address Marthasville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 2 (Day) 1944 (Year)

(c) Place: burial or ~~cremation~~ Dutzow Mo

18. (a) Signature of funeral director Fred W. Fichtenberg

(b) Address Marthasville Mo

19. (a) Oct. 1, 1944 (Date received local registrar) (b) Ethel Kehr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1944 hour minute 2 P M.

21. I hereby certify that I attended the deceased from Aug 1941, to Sept 29 1944 that I last saw him alive on Sept 29 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	1 week
Due to: Chr. myocarditis + valvular heart disease	5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Ch. Nephritis, general arteriosclerosis	

Major findings:
Of operations
Of autopsy

131 b

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 Herbert H. Schmidt (M. D. or other) MD

Address Marthasville, Mo Date signed

1263 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-11-44

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 Fred W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Martinsville Ind

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.