

Registration District No. 15/1946

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

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution 3 Months (Specify whether years, months or days)

In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. RFD. Montserrat Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Oscar Beam

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1944 hour 4 minute PM.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Flossie M Beam

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 10 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1943, 1943, to Oct 4, 1944
that I last saw him alive on 9-30, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 10 24 hr. min.

Immediate cause of death Carcinoma of Stomach Duration 18 mo.

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

Due to.....
Due to.....
Other conditions 46 lb
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Perry Beam

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

14. Maiden name Mary Mackel

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

16. (a) Informant Raymond Beam

(b) Address Montserrat Mo.

17. (a) Burial (b) Date thereof 10-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) 10-6 (b) Mrs C. L. Sauls
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature The Cooper (M. D. or other)
Address Warrensburg Mo Date signed 10-5-44

NOV 16 1944

AUG 4 1948

8 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..... *J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address *Warrensburg, 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.