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7-5-17-39  
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34898

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 8 1944  
Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 26

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Stella  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Cardwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution few days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bary  
(c) City or town Cassville  
(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 1

3. (a) PRINT FULL NAME Samuel H. Beeson  
(b) If veteran, name war .....  
(c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 23<sup>rd</sup>  
year 1944 hour 12:10 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if  
alive ..... years  
7. Birth date of deceased: Sept  
(Month) 16 (Day) 1858 (Year)

21. I hereby certify that I attended the deceased from  
July 22 1944 to Aug 23 1944  
that I last saw him alive on Aug 23 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 11 Days 7  
If less than one day: 29 14 5  
hr. min.

Immediate cause of death  
Hemorrhage  
Due to Prostatic Carcinoma  
Due to .....

9. Birthplace Warren County, Iowa  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)  
518

11. Industry or business .....  
12. Name Hoover Beeson  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations .....  
Of autopsy .....

16. (a) Informant Earl Beeson  
(b) Address Cassville, Missouri  
17. (a) Burial (b) Date thereof Aug 25/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mineral Springs  
18. (a) Signature of funeral director C. Silver Funeral Home  
(b) Address Cassville, Missouri  
19. (a) 10-26-1944 (b) Ralph H. Hale Dyer  
(Date received local registrar) (Registrar's signature)

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 2  
23. Signature E. B. McDaniel M. D. 9/3/44  
Address Cassville, Mo. Date signed 9/1/44

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

7300

1517

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 6 1944  
District Health Officer No. ....  
District File Number 1044-214  
Date Filed NOV 6 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. E. Culver*  
Licensed Embalmer No. *3587*  
P. O. Address *Cassville*

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.