

1. PLACE OF DEATH:
(a) County Wernon
(b) City or town Nevada Wash Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 3 mo 11 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar
(c) City or town Jerico Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Route One
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ISAAC-BEYDLER
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex m 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emily Beydler
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased June 15 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 2
If less than one day - hr. - min.

9. Birthplace Jerico Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation formerly farmer

11. Industry or business none

12. Name Grafton J. Beydler

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

14. Maiden name unknown

15. Birthplace unknown Virginia?
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp.

(b) Address Nevada Mo

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

(c) Place: burial or cremation Jerico Spr Mo

18. (a) Signature of funeral director Paul L. Barone

(b) Address Jerico Spr Mo

19. (a) 10-17-44 (b) Hazel B. Beach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 6 1944 to Oct 17 1944
that I last saw him alive on Oct 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to _____

Due to Senile Dementia

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 5 months of death)

Major findings: no operation
Of operations _____

Of autopsy no autopsy

22. If death was due to external causes, fill in the following: No
(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 Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed Oct 17

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

11-9-44
10-54-1252
RECEIVED

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 John D. Long
Licensed Embalmer No. 371X
P. O. Address Juris 8m To

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.