

S. No. 2
-11-10-39
-5-17-39
-1 X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38458

BUREAU OF THE CENSUS
FILED DEC 13 1944

State File No. _____

Registration District No. 227

Primary Registration District No. 3048

Registrar's No. 183

1. PLACE OF DEATH:

(a) County MOHAWAY
(b) City or town MARYVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCES HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Ruth Catherine McBeath

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Grover McBeath 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JAN 22 - 1944
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Benjamin Davis

13. Birthplace Andrew Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Hall

15. Birthplace Andrew Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Grover McBeath

(b) Address Savannah MO

17. (a) P (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Beut

(b) Address Savannah MO

19. (a) NOV 24 - 44 (b) Alley Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1944 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 7, 1944, to Nov 20, 1944

that I last saw him alive on Nov 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death subarachnoid hemorrhage

Due to _____

Due to _____

Other conditions none 131a

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

28. Signature Ralph Shelby (M. D. or other) _____

Address Savannah MO Date signed 11-24-44

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

MOTHER FATHER

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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, above space should be left blank.