S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 61110

Registration District No. FILED DEC 27 1944

Primary Registration District No. 2000

Registrar's No. 870

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Pru 2313 N. Kellett
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 2313 N. Kellett
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME William Robert Beasley

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maggie Beasley

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. (Month) 10 (Day) 1867 (Year)

8. AGE: Years 77 Months 3 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name C. B. Beasley
13. Birthplace unknown Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Croftill
15. Birthplace unknown Ill (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Beasley
(b) Address Fort Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Laftic Cemetery

18. (a) Signature of funeral director M C Clure
(b) Address Fairview Mo

19. (a) 12-4-44 (Date received local registrar) (b) Dr W E Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1944 hour 10.30 minute P M.

21. I hereby certify that I attended the deceased from Nov 30, 1944 to Nov 30, 1944
that I last saw him alive on Nov 30/44 ap;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 [illegible] (M. D. or other)
Address Springfield Mo. Date signed 12/4/44

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Waterville, Me

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.