

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

42351
Do not use this space.

FILED DEC 18 1944

1. PLACE OF DEATH

(a) County Wayne Registration District No. 370
 (b) Township Wayne Primary Registration District No. 6708 Registered No. _____
 (c) City Greenwell (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Greenwell, Wayne Co. Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M -
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable Beasley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 - 1944
 22. I HEREBY CERTIFY, That I attended deceased from Sept 24 - 1944, to Sept 24 - 1944
 I last saw him alive on Sept 24 - 1944. Death is said to have occurred on the date stated above, at 4:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset Sept 24 - 1944
 Other contributory causes of importance: 94a

12. BIRTHPLACE (CITY OR TOWN) Poland, White Co., Illinois
 (STATE OR COUNTRY)

FATHER 13. NAME Isom Beasley
 14. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ida Williams
 16. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

17. INFORMANT Mable Beasley
 (ADDRESS) Greenwell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwell City Cemetery DATE Sept 28 - 1944

19. FUNERAL DIRECTOR National Funeral Home
 (ADDRESS) Greenwell, Mo.

20. FILED 1 19. 44 W. H. Bennett
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John F. Wagner, M. D.
 (Address) Greenwell, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30M-7-20-37 I-112004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)