

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 5 1945**  
Registration District No. 60

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**1957**  
State File No. ....  
Registrar's No. 1

Primary Registration District No. 4106

**1. PLACE OF DEATH:**

(a) County Cedar  
(b) City or town Jeric Spring Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME ROSE-EMILY-BEYDLER

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid  
7. Birth date of deceased 12 5 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 76 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Not Known Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Not Known

12. Name Nathan Shippard

13. Birthplace Not Known Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Shaw

15. Birthplace Not Known Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Beydler

(b) Address Jeric Spring Mo

17. (a) burial (b) Date thereof 1-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Wm A Long

(b) Address Jeric Spring Mo

19. (a) Jan 18 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Cedar  
(c) City or town Jeric Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. X X (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XX

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 31  
year 1944 hour 10-30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 30 1944 to Dec 30 1944  
that I last saw him alive on Dec 30 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 4 yr.

Due to \_\_\_\_\_

Due to 92

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 92

23- Signature Wm A Long (M.D. or other)

Address Jeric Spring Mo Date signed 1-8-45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
11-1-45  
DATE PAID 2-3-45

### 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.....

Not Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3714

P. O. Address Jerico St. 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.)

If this body is not embalmed, fact should be so stated above.