V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6080

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 116

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Rosebud (Rural) Lanaan Twp.
(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
In this community all her life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gasconade
(c) City or town Rosebud Rural ??
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY B. BEUCKE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John F Beucke
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased 1 (Month) 26 (Day) 1856 (Year)

8. AGE: Years 89 | Months 0 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Stony Hill (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Gale Robertson
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Edd Beucke
(b) Address Rosebud, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Brick church Herald
18. (a) Signature of funeral director E P Meyer
(b) Address Gerald Mo
19. (a) Feb 12, 1945 (Date received local registrar) (b) Myrtle M. Wenthe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1945 hour 11:30 minute P M.
21. I hereby certify that I attended the deceased from Jan 1943 to Feb 9 1945
that I last saw her alive on Feb 3 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	Unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations none	
Of autopsy none	

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) (e) Means of injury 0

23. Signature Charles A Schmidt (M. D. or other)
Address Gerald Mo Date signed 2-10-45

1287

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-13-45

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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, Mo.

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.