

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo
(outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hosp.
(not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Clay ⁹⁹⁹

(c) City or town Marion, Ark.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lloyd Edward Beaman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11
year 1945 hour 7 minute 35 A.M.

4. male 5. Color or race white 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased. Aug 12, 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 11, 1945 to April 11, 1945
that I last saw him alive on April 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Lobar pneumonia
3 days

8. AGE: Years Months Days If less than one day

0 7 29 hr. mjn.

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

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death) 10

10. Usual occupation.

11. Industry or business.

12. Name James E. Beaman

13. Birthplace (City, town, or county) Missouri (State or foreign country)

14. Maiden name Hazel Beaman

15. Birthplace (City, town, or county) Arkansas (State or foreign country)

Major findings: Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Hazel Beaman
(b) Address Marion, Arkansas

17. (a) Burial (b) Date thereof 4-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation William Cen.

18. (a) Signature of funeral director W. H. Dohy
(b) Address Canning, Ark.

19. (a) 4-13-45 (b) Belle Rinne
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 3

23. Signature W. H. Dohy (M. D. or other) MD
Address Poplar Bluff, Mo Date signed 4-11-45

RECEIVED

District Health Office No. 2,

District File Number 5451660

Date Filed 5-7-45

Body was not embalmed.

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 *Walter Johnson*

Licensed Embalmer No. 427E-686

P. O. Address Canning Ark.

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.