S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 294

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 14348

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 722 S. Moulton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 722 S. Moulton (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ed Beverly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Cynthia Beverly

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

7. Birth date of deceased January (Month) 19 (Day) 1882 (Year)

8. AGE: Years 63 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation general laborer

11. Industry or business

FATHER
12. Name Howard Beverly
13. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Brown

(b) Address Moberly, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/12/1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery Moberly, Mo.

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville Mo.

19. (a) 4-12-45 (Date received local registrar) (b) Irma Naive (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1945 hour 11:30 A.M. minute M.

21. I hereby certify that I attended the deceased from Coroners Case, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Natural Undetermined Probably Perforated

Due to ulcer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 R H Williams (M. D. ~~or other~~)

Address Moberly Mo. Coroner Designed 4-11-45

1056

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1945

DEC 29 1945

JUL 31 1945

RECEIVED
District Health Officer No. 10
District File Number 5-45-791
Date Filed MAY 10 1945

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 Tom B Pelton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.