V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14738

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter 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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Dexter Mo 10 S
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm Feral Beal
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florena Beal
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July 10 1907 (Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Purico Mo (City, town, or county) (State or foreign country)
10. Usual occupation Teacher
11. Industry or business
FATHER
12. Name Turner Beal
13. Birthplace Purico Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Coalson
15. Birthplace Purico Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Florena Beal
(b) Address Dexter Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Duck Creek Cem
18. (a) Signature of funeral director Watkins Funeral
(b) Address Dexter Mo
19. (a) 3-20-45 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1945 hour 9 minute 10 a.m.
21. I hereby certify that I attended the deceased from Nov 15 1944 to Feb 16 1945
that I last saw him alive on Dec 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to ✓
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 E. L. Elmore (M. D. or other)
Address Purico Mo Date signed 3-1-45

1134

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 445-531
Date Filed 4/7/45

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Mo

[illegible] above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ([illegible]lure to comply with [illegible] grounds for revocation of license.)

[illegible] is not embalmed, fact should be so stated above.