

FILED JUN 11 1945

Registration District No. 11

Primary Registration District No. 5045

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Wheaton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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

3. (a) PRINT FULL NAME Eli Beaver
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona Beaver
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 11 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Beaver
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Walker
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Beaver
(b) Address Fairview, Mo. R#1

17. (a) Burial (b) Date thereof 3 31 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director: Wm. Morris Payne
(b) Address Wheaton, Mo.

19. (a) May 29-1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Fairview, Mo. R#1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1944 to March 24 1945
that I last saw him alive on March 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: None
Of operations _____
Of autopsy _____

Duration

3 mo

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? _____ (c) Means of injury _____

23. Signature John R. Ellison (M. D. or other) Do.
Address Wheaton Mo Date signed Apr 24 45

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

RECEIVED
District Health Officer No. 6,
District File Number 645-687
Date Filed JUN 8 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 Wm Morris Payne
Licensed-Embalmer No. 3842
P. O. Address Wheaton, 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.