S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31061

FILED SEP 18 1945

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Granby, TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
Granby MO. R.F.D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Two Miles North Of Granby MO. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME William Jason, Beaver.

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ora E. Beaver | 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. (Month) 31 (Day) 1862 (Year)

8. AGE: Years 82 | Months 7 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business --

FATHER
12. Name William Reed, Beaver
13. Birthplace - (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary MCDonald
15. Birthplace -- (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Dollie Beaver
(b) Address Granby MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8- 24- 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ####### Granby MO.

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman MO.

19. (a) 9-10-45 (Date received local registrar) (b) M. L. Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1945 hour 8 minute 30, P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1945, to Aug 8, 1945;
that I last saw him alive on Aug 18, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage of Kidneys	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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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 D E Rolins 0 (M. D. ~~or other~~)
Address Granby MO Date signed 8

1542

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 14 1945

District Health Officer No. [illegible]
District File Number 945-163
Date Filed SEP 14 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 B. W. Bazzard

Licensed Embalmer No. 2334

P. O. Address Seneca, 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.