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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41803

FILED JAN 25 1946

Registration District No. 29 Primary Registration District No. 3043 Registrar's No. 371

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Elizabeth Hospital
(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 Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 114 Center Street 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Melvin Ray Beskears
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 1 (Day) 1945 (Year)

8. AGE: Years – Months 10 Days 6 If less than one day hr. min.

9. Birthplace New London (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Joseph Edward Berkins
FATHER 13. Birthplace Frankford (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Lucille Beskeys
MOTHER 15. Birthplace Alexia (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Lucille Nickason
(b) Address Hannibal, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Jas O'Leary
(b) Address Hannibal Mo
19. (a) 12-11-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1945 hour minute 1250 P.M.
21. I hereby certify that I attended the deceased from Dec. 5, 1945, to Dec. 7, 1945 that I last saw him alive on Dec. 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Gastro-Enteritis	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 1 Of operations	
Of autopsy	

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. R. Motley (M. D. or other)
Address Hannibal, Mo. Date signed 12/11-45

1394 (Licensed Embalmer's Statement on Reverse Side)

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

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 L. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.