

FILED MAR 28 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **8253**
Registrar's No. **647**

Registration District No. **351**

Primary Registration District No. **6189**

1. PLACE OF DEATH:

(a) County **Janey**
(b) City or town **Kissie Mills, MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 1 Swan 7m
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **15 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Janey**
(c) City or town **Kissie Mills, MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? **USA** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jess Cleveland Beaty**

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

4. Sex **MD** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**

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

7. Birth date of deceased **Nov 5 1884**
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Fanning, TENN.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Public Worker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Beaty 4**
13. Birthplace **Ireland** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown 9** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Beaty 1**

(b) Address **Kissie Mills MO**

17. (a) **Rural** (b) Date thereof **Jan 16 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **near cross cut rd**

18. (a) Signature of funeral director **Garry Farnyth**

(b) Address **Farnyth MO**

19. (a) **1-22-46** (b) **C.R. Wainau**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14** day **Jan**
year **1946** hour **12** minute **10 A** M.

21. I hereby certify that I attended the deceased from **at**
Death only, 1946 to _____, 19____
that I last saw **dead** on **Jan 14** _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 hr.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy **940**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **3**

23. Signature **Garry Farnyth** (Practitioner) Address **Farnyth MO** Date signed **Jan 24 1946**

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

RECEIVED

District Health Officer No. 6;

District File Number 246-192

Date Filed 2-28-46

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 Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Danson Me.

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.