

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8489

FILED APR 12 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 73

0
2
4
7421
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
400 Price Ave
(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 Boone

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

(d) Street No. 400 Price Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gale Jean Beal

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 0

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

7. Birth date of deceased Mar 20 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 20
1946, to Mar 20, 1946
that I last saw him alive on Mar 20, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
			hr. <u>30</u> min.

Immediate cause of death Premature Birth Duration _____

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name John Beal

13. Birthplace Paris Mo
(City, town, or county) (State or foreign country)

14. Maiden name Millie Etta Baker

15. Birthplace Columbia Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Coose

(b) Address 702 Nebraska, Columbia Mo

17. (a) Burial (b) Date thereof Mar 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem

18. (a) Signature of funeral director Mrs John A. Beal

(b) Address 500 Price Ave

19. (a) 3-28-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations non

Of autopsy non

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 D

23. Signature W. J. ... (M. D. or other) _____

Address Columbia Mo Date signed 3-28-46

RECEIVED
District Health Officer No. 9,
District File Number

Date Filed 4-11-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.