

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10495

State File No.

Registration District No. 301

Primary Registration District No. 6042

Registrar's No. 2090

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town rural - Varner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles west of Naylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 33 years
years, months or days)

3. (a) PRINT FULL NAME Isham Beasley

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 widowed

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

7. Birth date of deceased July 4, 1856
(Month) (Day) (Year)

8. AGE: Years 91 Months 6 Days 25
If less than one day hr. _____ min. _____

9. Birthplace Smith Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jesse Beasley

13. Birthplace Unk. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Miteldia Smith

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

16. (a) Informant Harold Beasley

(b) Address Naylor, Mo.

17. (a) Burial (b) Date thereof 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Ceme.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) 2-5-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10
1946 to Jan 29 1946
that I last saw him alive on Jan 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 635

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature [Signature] (M. D. or other)

Address Naylor, Mo. Date signed Jan 30

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

346245-
3, 18-46

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

Sydney McLeod

Licensed Embalmer No. 4079

P. O. Address May 18

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.