

FILED JUN 10 1946

Registration District No. 32

Primary Registration District No. 5-114

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Bellingham
(b) City or town Weyne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years years, months or days

3. (a) PRINT FULL NAME HOWARD LANDIS BEAL
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carole May Beal 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 2, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 1 hr. min.

9. Birthplace: Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Beal
13. Birthplace Cape Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Adams
15. Birthplace Cape Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Beal
(b) Address Balsam, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Deerfield, Mo.

18. (a) Signature of funeral director James S. Beal
(b) Address Adams, Mo.
19. (a) May 3 1946 (b) Willie H. Vandenberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bellingham
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Balsam, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 1946, to May 3, 1946
that I last saw him alive on May 1, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic Myocarditis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 92d
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) (e) Means of injury _____
While at work? _____
Signature E. C. Masters (M. D. or other) do
Address Adams, Mo. Date signed 5-28-46

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

RECEIVED

District Health Officer No. 4
District File Number 646-2214
Date Filed 6-7-46

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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3361

P. O. Address Advance, 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.