

FILED OCT 17 1948

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
108 North Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 79 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 108 North Street,
(If rural, give location)

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

3. (a) PRINT FULL NAME Alva Athel Beaman

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 W 2

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

7. Birth date of deceased March 9, 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st
year 1946 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 25, 1946, to Aug. 12, 1946
that I last saw him alive on Aug. 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Heart Disease Duration 2 yrs.

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>9</u>	<u>22</u>	hr. _____ min. _____

Due to Rheumatism 3 yrs.

9. Birthplace Windsor, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Rt. Coal Miner

11. Industry or business Coal Mine

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Lazarus Beaman

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

14. Maiden name unknown

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

Major findings: Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Roy Gardner

(b) Address Windsor, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, '48
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Ellen Kuster

(b) Address Windsor, Missouri

19. (a) 10-11-46 (Date received local registrar) (b) R. R. Kerney (Registrar's signature)

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 _____

23. Signature J. A. Beckmore (M. D. or other) M.D.
Address Windsor Mo Date signed 9-2-46

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

RECEIVED

District Health Officer No. 7,

District File Number 9-46-1052

Date Filed 10-16-46

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. 3391

P. O. Address Windsor 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.