

FILED JAN 23 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 104

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
122 MYRTLE ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 122 MYRTLE
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AMANDA MELVINA BEAUCHAMP

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife David Beauchamp 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased MAY 8 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name E. E. Smith

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

14. Maiden name Amanda Claypool

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

16. (a) Informant Noah Smith

(b) Address Rich Hill Missouri

17. (c) Burial (b) Date thereof Jan. 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director [Signature]

(b) Address Rich Hill, Mo.

19. (a) Jan. 20 1947 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1947 hour 3 minutes 30

21. I hereby certify that I attended the deceased from Jan 17 to Jan 18 1947
that I last saw him alive on Jan 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration 3 days

Due to Myocardial Infarction

Due to Influenza

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

Major findings: Of operations _____

Of autopsy 33B

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 _____

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

Address Rich Hill Mo Date signed 1/14

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

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C. J. Allen.
State File No. 104
Registrar's No. 6

67-12-1
226-97-21
F. 1951

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.....

Harold M. Douglas Registered Apprentice No. 410
working under my personal supervision.

Signed John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Ind

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.