

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14975**

Registration District No. **156** Primary Registration District No. **2001** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Jasper**
(c) Name of hospital or institution: _____
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Jasper**
(d) Street No. **1316 W. Murphy**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Clendell A. Beedler**
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 **Widowed**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 27 1874**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Laverne County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Ed. Adams**
13. Birthplace **Stark County, Mo.**
14. Maiden name **Clendell Smith**
15. Birthplace **Unknown**

16. (a) Informant **Mr. J. S. Overall**
(b) Address **Jasper**

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

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **W. H. Chylinski**
(b) Address **1111 E. 27th**

19. (a) **1-16-47** (b) **J. E. Garner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15**
year **1947** hour **9:35** minute **P** M.
21. I hereby certify that I attended the deceased from Feb. 12 1946 to Jan 15 1947
that I last saw her alive on **Jan 15 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic poisoning**

Due to **Chronic nephritis**

Due to _____

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

Major findings: Of operations **1 B 1 B**

Of autopsy _____

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 **0**

23. Signature **J. E. Garner** (M. D. or other) _____
Address **Jasper Mo** Date signed **1/16/47**

Duration **not say.**

10-12 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

47-1-63

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.....

Harvey E. Cross....., Registered Apprentice No. *412*
working under my personal supervision.

Signed *Clayton M. Johnston*.....

Licensed Embalmer No. *4300*

P. O. Address *Webb City 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.