

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 1 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9614**

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **56**

**1. PLACE OF DEATH:**  
(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**McCune Brooks Hospital**  
(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

**3. (a) PRINT FULL NAME** **JOHN BEALL**  
3. (b) If veteran, name war **Nons**  
3. (c) Social Security No. **497-12-4178**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ellen Mae Beall**  
6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **February 18 1902**  
(Month) (Day) (Year)

8. AGE: Years **45** Months **0** Days **25**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Manager**

11. Industry or business **Barton County Electric Co-Op**

**MOTHER FATHER**  
12. Name **James W. Beall**  
13. Birthplace **Keokuk, Iowa**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Minnie Brandenburger**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ellen M. Beall**

(b) Address **Lamar, Missouri**

17. (a) **Burial** (b) Date thereof **March 15 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nigh Cem. Lamar, Mo.**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**

(b) Address **Lamar, Missouri**

19. (a) **3-17-47** (b) **L. R. Clenton**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Barton**  
(c) City or town **Lamar**  
(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 **March** day **13**  
year **1947** hour **12** minute **30** P. M.

21. I hereby certify that I attended the deceased from **6 Mar**  
**1947** to **13 Mar 1947**  
that I last saw him alive on **13 Mar 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolus** Duration **1 hour**

Due to **Bilateral Labor Pneumonia** 4 weeks  
**Virus infection of lungs** 4 weeks

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature **W. J. Mc New** (M. D. or other) **M.D.**  
Address **407 Main, Carthage, Mo.** Date signed **3-15-47**

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

4-7-3-242

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.....

*Carl J. Kowantz*

Licensed Embalmer No. 2247

P. O. Address. Lamar, Missouri

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.

AUG 11 1934