

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18028

State File No. ....

FILED JUN 6 1947

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Canton  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Entire life years, months or days)

3. (a) PRINT  
FULL NAME

Harry Beechum

3. (b) If veteran,  
name war None

3. (c) Social Security  
No. None

4. Sex Male 5. Color or  
race Black

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Daisy Tate

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased: July 4  
(Month) (Day) (Year)

1881  
(Year)

8. AGE: Years 65 Months 9 Days 8

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farm Laborer

11. Industry or business

12. Name John Beechum

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Harry Beechum

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof May 14 '47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miss Baptist Cemetery

18. (a) Signature of funeral director W. B. Dabson

(b) Address Canton, Mo.

19. (a) 5/20/47 (b) W. B. Dabson MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56  
(c) City or town Canton 1  
(If outside city or town limits, write "RURAL") 0  
(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 May day 12  
year 1947 hour 15 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 9, 1945, to May 12, 1947.  
that I last saw him alive on May 10, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of abdominal cavity  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

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? 2

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. B. Dabson (M. D. or other) Do

Address Canton, Mo. Date signed 5/12/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-652  
Date Filed JUN - 4 1947

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.....

*Earl N. Barkley*

Licensed Embalmer No. 2615

P. O. Address Canton, 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.