

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1947
Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19895

State File No. _____

Primary Registration District No. 3076

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
524 W. Austin 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community One year _____ years, months or days)

3. (a) PRINT FULL NAME Maurice Franklin Beetham

3. (b) If veteran, name war War I 3. (c) Social Security No. 394-10-5339

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydell Beetham 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov-11, 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Galzburg Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name William Beetham
13. Birthplace Wisconsin
14. Maiden name Berque Boyd
15. Birthplace Galzburg Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Lydell Beetham

(b) Address Nevada, Mo

17. (a) Removal (b) Date thereof 5-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galzburg Ill

18. (a) Signature of funeral director Cochran Funeral Home

(b) Address Nevada, Mo

19. (a) 5-15-47 (b) Walter Vance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 5-24 W. Austin
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 47 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 19 43 to 5-10 1947, that I last saw him alive on 5-10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 28hr

Due to Cerebral arteriosclerosis and hypertension

Due to _____

Other conditions Cerebral hemorrhage Feb 46
(Include pregnancy within 3 months of death)
Coronary occlusion Oct 46

Major findings: Of operations _____

Of autopsy 9/40

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 W. Vance (M. D. or other) _____

Address Nevada, Mo Date signed 5-12-47

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

RECEIVED
District Health Officer No. 7,
District File Number 47-5091
Date Filed 5-18-47

MAY 21 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 *Mark Eichinger*
Licensed Embalmer No. *2656*
P. O. Address *Nevada, 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.