No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21546

Registration District No. 183 Primary Registration District No. 5680 Registrar's No.

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Enterprise twp.
(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 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Enterprise twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Purdin, Mo. R. F. D. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert Jay Bevier
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Blanche Ella Gall
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Sept. 2, 1914
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Linn Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Harrison J. Bevier
13. Birthplace Linn Co. Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mabel Wallace
15. Birthplace Winigan, Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Harrison J. Bevier
(b) Address Purdin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-47
(Month) (Day) (Year)
(c) Place: burial or cremation Bear Branch Cem.
18. (a) Signature of funeral director Rusk Funeral Home
(b) Address Brookfield, Mo.
19. (a) July 1, '47 (Date received local registrar) (b) Elva Avokshank (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1947 hour 9 minute 30 a M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19
that I last saw him alive on June 14 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Death from lightning (Accidental)	✓
Due to	
Due to	
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:
(a) Accident, suicide, or homicide (specify) Accident 58
(b) Date of occurrence June 17 1947
(c) Where did injury occur? Browning Linn Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
(Specify type of place)
While at work? Yes (e) Means of injury lightning
23. Signature J. R. McArter (M. D. or other) 0
Address Browning Mo Date signed 6/19/47

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1950

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.