

Registration District No. **227**

Primary Registration District No. **4339**

1. PLACE OF DEATH:

(a) County **MONROE**  
(b) City or town **PARIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **COOPER AVE 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 YRS.** (Specify whether years, months or days)  
In this community **3 YRS.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**  
(c) City or town **PARIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **COOPER AVE 1**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **✓**

3. (a) PRINT FULL NAME **MELVIN WARD BEAMER**  
3. (b) If veteran, name war **✓**  
3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **JUNE** day **12**  
year **1947** hour **11** minute **00 P.M.**  
21. I hereby certify that I attended the deceased from **9-8-47**  
19 **June 12** 19 **47**  
that I last saw him alive on **June 12** 19 **47**  
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **ANNIE BEAMER**  
6. (c) Age of husband or wife if alive **years 28** 1872  
7. Birth date of deceased **FEB. 28 1872**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral aneurysm**  
Due to **Cardiac decompensation**  
Duration **NIS**

8. AGE: Years **75** Months **3** Days **14**  
If less than one day hr. min.

Due to **and partial paralysis 3 yrs ago**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **✓**  
Of operations **✓**  
Of autopsy **✓**

9. Birthplace **W. VA.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business

12. Name **JOHN FRANK BEAMER**

13. Birthplace **NEWVILLE W. VA.**  
(City, town, or county) (State or foreign country)

14. Maiden name **NANCY MORRISON**

15. Birthplace **W. VA.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **RUSSELL M. BEAMER**

(b) Address **PARIS, MO**

17. (a) **BURIAL** (b) Date thereof **JUNE 14, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE**

18. (a) Signature of funeral director **Speed & Blakey**

(b) Address **PARIS, MO**

19. (a) **6-14-47** (b) **Elbert Baker M.D.**  
(Date received local registrar) (Registrar's signature)

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) **2**  
(c) Means of injury  
23. Signature **Walter Christman** (M. D. or other)  
Address **PARIS, MO** Date signed **6-13-47**

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

920

JUL 13 1956

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-230  
Date Filed - JUN 13 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..... *C. H. Agnew*.....  
Licensed Embalmer No. *4000*.....  
P. O. Address..... **Paris, 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.