

FILED SEP 2 1947

Registration District No. 46

Primary Registration District No. 5151

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell Co
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles East of Cameron on C.B. RR. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether years, months or days) 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Rural
(If outside city or town limits, write "RURAL") 370
(d) Street No. 1 mile East of Cameron
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Burton Lester Bean

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1879
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 73 less than one day
hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business for Emerson Bean

12. Name _____

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

14. Maiden name Eliza Halmer

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

16. (a) Informant Mr Sam Sumner

(b) Address Cameron

17. (a) Burial (b) Date thereof 8-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem St Joseph

18. (a) Signature of funeral director Poland Thumel Kern

(b) Address Cameron

19. (a) Aug 22/47 (b) Shady Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Collision between automobile and train
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) no

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 13

(b) Date of occurrence Aug 8-1947

(c) Where did injury occur? 8 miles West - Hamilton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

Railroad Crossing
(Specify type of place)

While at work? _____ (e) Means of injury 2

23. Signature Clara Clark Coroner
(M. D. or other)

Address Kingston, Mo Date signed 8/8-47

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

MOTHER FATHER

FEB 28 1950

FEB 27 1948

MAR 2 1950

SEP 4 1949

**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 *George B. Trammell*

Licensed Embalmer No. *4425*

P. O. Address... *209 1/2 N. 3rd*

Cameron, 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.