V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28773

FILED AUG 20 1947

Registration District No. 376 — Primary Registration District No. 3060 — Registrar's No. 268

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington, Mo.
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. 503 n. Franklin 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sarah Ann Bean
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex f /
5. Color or race w
6. (a) Single, widowed, married, divorced s 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 22, 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 17 If less than one day hr. min.

9. Birthplace St. Francois County, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation housekeeper
11. Industry or business
FATHER
12. Name Columbus Bean
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Clay
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. John Hibbits
(b) Address Desloge, Missouri
17. (a) burial (b) Date thereof 8-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bean Family Cemetery
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri
19. (a) 8-11-47 (b) Esther Rudloff 294
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1947 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Only 1 visit 8/9 1947 to 8/10 1947
that I last saw her alive on August 9 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	
Due to Hemiplegia	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature George L Watson (M. D. or other)
Address Farmington, Mo. Date signed 8/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

...rict Health Officer No. 4

File Number 847-10

8-19-47

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.