S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36810

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 93

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter, 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lora Isabel Bean,
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 1. (Day) 1914 (Year)

8. AGE: Years 33 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Sikeston, (City, town, or county) Mo. R. 6 (State or foreign country)
10. Usual occupation Factory
11. Industry or business Shirt
FATHER
12. Name E. W. Bean
13. Birthplace Sikeston, (City, town, or county) Mo. R. 6 (State or foreign country)
MOTHER
14. Maiden name Ollie Taylor
15. Birthplace Crittington, (City, town, or county) Ky. (State or foreign country) /
16. (a) Informant Lyman Bean,
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10.21.47. (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 10/28-47 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature) 21 A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1945 to 10-18, 1947
that I last saw her alive on 10-18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC MYOCARDITIS	
Due to RHEUMATIC FEVER	
Due to	
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 2

23. Signature R S Davis (M. D. or other) D.O
Address BLOOMFIELD Date signed 10-20-47

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

RECEIVED
District Health Office No. 2
District File Number 1147-4521
Date Filed 11-4-47

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Me

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.