

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37541

State File No. \_\_\_\_\_  
Registrar's No. 99

FILED NOV 25 1947

Registration District No. 23 Primary Registration District No. 5336

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

1. PLACE OF DEATH:  
(a) County DADE  
(b) City or town RURAL - CENTER  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5 MILES NORTH OF GREENFIELD  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 91 YEARS years, months or days

3. (a) PRINT FULL NAME HENRY TAYLOR BEACH  
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 MARRIED  
6. (b) Name of husband or wife GEORGIA BEACH 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased JUNE 27 1866  
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace DADEVILLE 1) Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER {  
12. Name JOEL BEACH  
13. Birthplace NO RECORD 1  
(City, town, or county) (State or foreign country)  
14. Maiden name TALITIA CLARK  
15. Birthplace NO RECORD 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Beach  
(b) Address Greenfield, MO

17. (a) BURIAL (b) Date thereof 11-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation  Pleasant Grove Cemetery

18. (a) Signature of funeral director Sam E. Sweeney Jr  
(b) Address Greenfield, Mo.

19. (a) 11-20-47 (b) Geo R. Weir  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County DADE 29  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. 5 MILES N. OF GREENFIELD (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 18  
year 1947 hour 5 minute 59 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1932 to Nov 18, 1947  
that I last saw him alive on Nov 16, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature J. D. Drisdell (M. D. or other) \_\_\_\_\_  
Address Greenfield, MO Date signed 11-19-47

RECEIVED

District Health Officer No. 6,

District File Number 1147-1246

Date Filed 11-24-47

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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 Sam E. Senseney Jr  
Licensed Embalmer No. 4099  
P. O. Address Greenfield, 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.