

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

6033

No. 1161 39306

2258

1. PLACE OF DEATH:

- (a) County Ripley
(b) City or town Yatewood, Mo.
(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 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Herbert Lee Beal

3. (b) If veteran, name war U.S. Army 3. (c) Social Security No. 1-1-1

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased May 31 - 1946
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 25 If less than one day hr. 2 min. 3

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

10. Usual occupation none

11. Industry or business

12. Name Geo. W. Beal

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

14. Maiden name Daisy M. Lueker

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

16. (a) Informant Geo. W. Beal

- (b) Address Yatewood, Mo.

17. (a) burial (b) Date thereof 9-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Yatewood, Mo.

18. (a) Signature of funeral director G. W. Edwards

- (b) Address Doniphan, Mo.

19. (a) 10-16-47 (b) E. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ripley
(c) City or town Yatewood, Mo.
(If outside city or town limits, write "RURAL")

- (d) Street No. 107 (If rural, give location)

- (e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 25, 1947, to 9-25, 1947
that I last saw him alive on Sept. 25, 1947,
and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchopneumonia Duration 36 hrs

- Due to

- Due to

- Other conditions Imbecile
(Include pregnancy within 3 months of death)

- Major findings:
Of operations

- Of autopsy 107

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 2

23. Signature George O. Hickey (M. D. or other) D. O.

- Address Doniphan Date signed 10-6-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File No. 1147673

Date Filed 11-29-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that Not Embalmed 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 Robert Johnson

Licensed Embalmer No. 4271

P. O. Address Doniphan, 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.