

State File No. **39307**
Registrar's No. **2263**

FILED NOV 24 1947

Registration District No. **301** Primary Registration District No. **4412**

1. PLACE OF DEATH:
(a) County **RIPLEY**
(b) City or town **DONIPHAN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **38 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LOTTA STRAIT BEAUCHAMP**
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 **WIDOWED**
6. (b) Name of husband or wife **J. W. BEAUCHAMP** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **JUNE 30, 1862**
(Month) (Day) (Year)

8. AGE: Years **85** Months **3** Days **21** If less than one day **---** hr. **---** min.

9. Birthplace **HARRISON Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **---**

MOTHER FATHER { 12. Name **BENNETT STRAIT**
13. Birthplace **OHIO**
(City, town, or county) (State or foreign country)
14. Maiden name **LOUISA SPRINGER**
15. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bera Strait**
(b) Address **DONIPHAN Mo**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **OCT. 23, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **DONIPHAN, Mo.**

18. (a) Signature of funeral director **RAY MEANS**
(b) Address **DONIPHAN Mo**

19. (a) **10-28-1947** (b) **EDW. ADAMSON**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **RIPLEY 91**
(c) City or town **DONIPHAN, Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **---** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **---**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCT** day **21**
year **1947** hour **1** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **10-10-1947** to **10-21-1947**
that I last saw her alive on **10-21-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration **---**

Due to **---**
Due to **---**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **94B**
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 **Edw. Adamson** (M. D. **---**)
Address **DONIPHAN, Mo.** Date signed **10-28-47**

(Licensed Embalmer's Statement on Reverse Side)

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

Form No. 5,
1147678
District
Date Filed 11-22-77

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.....

Ray Means

Licensed Embalmer No. 3743

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.