

S. No. 2
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7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40623

State File No.

Registration District No. 330

Primary Registration District No. 6112B

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Illmo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Illmo
(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:

3. (a) PRINT FULL NAME William Ernest Beacham

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 498-07-95-85

20. DATE OF DEATH: Month Nov. day 13 year 1947 hour 8 minute A M.

MEDICAL CERTIFICATION

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife North Grove Beacham

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased: Sept 24 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 15 1947, 19... to Nov. 13 1947, 19...
that I last saw him alive on Nov. 11 1947, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver

Duration: 1 yr

8. AGE: Years 61 Months 1 Days 18 If less than one day hr. min.

Due to:

Due to:

9. Birthplace: Hoskee Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Deputy Sheriff

12. Name: William Beacham

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Mahoko

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Fern Jingers

(b) Address: Illmo Mo

17. (a) Burial (b) Date thereof: Nov. 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Corning Ark

18. (a) Signature of funeral director: B. Splinghoff Funerary Home

(b) Address: Illmo, Mo

19. (a) 11-14-47 (b) G. J. ...
(Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)

Major findings: H&P

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) (c) Means of injury

23. Signature: [Signature] (M. D. or other) M.

Address: Illmo, Mo. Date signed: 11-14-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1147-1472

Date Filed 11-12-47

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.