

Registration District No. **349** Primary Registration District No. **6577**

1. PLACE OF DEATH:
(a) County **SULLIVAN**
(b) City or town **Buchanan Twp**
(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
In this community **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **EDWARD P. Beeler**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**
4. Sex **M** **5. Color or race** **W**
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 **3** **19** **1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **7** Days **21** If less than one day hr. min.

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

10. Usual occupation **FARMER**

11. Industry or business

12. Name **SAMUEL Beeler**

13. Birthplace **CRAYFORDSVILLE Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **DELIAA Mooles**

15. Birthplace **Montrose IOWA**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. J. Kent**

(b) Address **Greeneville Mo**

17. (a) Burial **(b) Date thereof** **11. 13. 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Overstreet Cem**

18. (a) Signature of funeral director **GREEN E Kent, Son**

(b) Address **Green City, Mo**

19. (a) 11-14-1947 **(b) 11-10**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **SULLIVAN**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Buchanan Twp**
(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 **10th** year **1947** hour **9** minute **45 P.** M.
21. I hereby certify that I attended the deceased from **7-3** **1947** to **11-10** **1947**
that I last saw him alive on **Oct 28th** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**

Due to **—**

Due to **—**

Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings: **name**
Of operations **—**

Of autopsy **name**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **name**

(b) Date of occurrence **name**

(c) Where did injury occur? **name**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **name**
(Specify type of place)

While at work? **name** (e) Means of injury **name**

23. Signature **Green City, Mo** (M. D. or other)

Address **Green City, Mo** Date signed **11-12-47**

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

MOTHER FATHER

AUG 10 1953

RECEIVED
Director of Health Officer No. 10
11-47-63
Date Filed -- NOV 17 1947

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greensboro, 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.