

FILED JAN 6 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41354

Registration District No.

Primary Registration District No.

Registrar's No.

78

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Baselwood B. B. #1
(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 79 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

SARAH F. BEUCHE

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 married
(b) Name of husband or wife Edw Beuche 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov 8 - 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Baselwood Mo. Gasconade
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John W Brown

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

14. Maiden name Mary E. Brown

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

16. (c) Informant Edw Beuche

(b) Address Baselwood 1110

17. (a) Burial (b) Date thereof 10-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Cemetery

18. (a) Signature of funeral director E. J. Meyer

(b) Address Baselwood Mo

19. (a) 11-3-47 (b) Gerald W. Blackman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Baselwood Rural
(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 X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-29 day 1947
year hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from October 29, 1947, to October 29, 1947;
that I last saw her alive on Oct 29, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage cerebral Duration 6 days

Due to Arterio sclerosis

Due to Hypertension

Other conditions Coronary sclerosis and obesity
(Include pregnancy within months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Gerald W. Blackman (M. D. or other)

Address Baselwood Mo Date signed 10-21-47

Date Filed 1/5/47
District File Number 11111

District Health Officer No. 9

RECEIVED

JAN 29 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 me

Registered Apprentice No. 3385

working under my personal supervision.

Signed Ed. O. White

Licensed Embalmer No. 3385

P. O. Address 11111

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.