

FILED FEB 7 1948

Registration District No. **20**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
716 S. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years**
(Specify whether years, months or days)
In this community **50 years**

3. (a) PRINT FULL NAME

Emmet M. Beamer

3. (b) If veteran,

name war **No**

3. (c) Social Security

No **No**

4. Sex

M

5. Color or race

W

6. (a) Single, widowed, married,

divorced **M**

6. (b) Name of husband or wife

Basie Beamer

6. (c) Age of husband or wife if

alive **years**

7. Birth date of deceased

Sept. 3, 1872

(Month)

(Day)

(Year)

8. AGE:

Years

75

Months

4

Days

27

If less than one day

hr.

min.

9. Birthplace

Monroe County W. Va.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Paper Hanger & Painter

11. Industry or business

Self

MOTHER FATHER

12. Name

Frank Beamer

13. Birthplace

W. Va.

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Morrison

15. Birthplace

W. Va.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. E. M. Beamer

(b) Address

Mexico, Mo.

17. (c) Burial

(Burial, cremation, or removal)

(b) Date thereof

2/1/48

(Month) (Day) (Year)

(c) Place: burial or cremation

Elmwood

18. (a) Signature of funeral director

Elmer Arnold

(b) Address

Mexico, Mo.

19. (a) **2/1/48**

(Date received local registrar)

(b)

Branche Neely

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Audrain**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **716 S. Washington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30**
year **1948** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 23**, 1948 to **Jan 30**, 1948
that I last saw him alive on **Jan 30**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Thromboplegia** Duration

Due to **Hypertension**

Due to **Arteriosclerosis**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

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)

(e) Means of injury

23. Signature **W. Van Wagoner**

Address **Mexico, Mo.** Date signed **2/1/48**

RECEIVED
State Health Officer No. 10
District File Number 2-48-234
Date Filed FEB - 5 1948

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 Everett R. Head
Licensed Embalmer No. 4028
P. O. Address Mexico, 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.