

FILED JAN 17 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 yrs 7 mo 22 days
(Specify whether) same
In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Ladsonia
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GRACE DEFOREST BEAGLES

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan 6 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name John E. Hinman

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

14. Maiden name Sarah A. Bywater

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

16. (a) Informant Records State Hospital
(b) Address Fulton Mo

17. (a) Buried (b) Date thereof 1-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico
18. (a) Signature of funeral director Chas. Arnold
(b) Address Mexico Mo

19. (a) Jan-9-48 (b) Jane Monmouth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1948 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 8 1948 to Jan 8 1948.
that I last saw her alive on Jan 8 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 44B

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?
While at work (Specify type of place) (e) Means of injury

23. Signature R.P. Arnie (Physician)
Address Fulton Mo Date signed 1-8-48

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

14
12

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No.
District File Number
Date Filed 1/5/41

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. 4038

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.