S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3864

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 39

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: 627 W. Love St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 627 W. Love St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Stella Frances Beeman
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 8, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Monroe County, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation None
11. Industry or business
FATHER
12. Name John Beeman
13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Eugenia Yowell
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. Altye McCarthy
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.
18. (a) Signature of funeral director Earl E. Prutz
(b) Address Mexico, Mo.
19. (a) 3/2/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature) 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1948 hour 4 am minute M.
21. I hereby certify that I attended the deceased on Feb 29, 1948 to , 19
that I last saw her alive on Feb 29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Congestion	12 hrs
Due to Cardiac failure	24 hrs
Due to arthritis severe + emaciation	20 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 P
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature G P Kallenbach (M. D.)
Address Mexico, Mo Date signed 3-1-48

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1945

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 Clarence C. Robinson, Registered Apprentice No. 56, working under my personal supervision.

Signed Earl E Pruch

Licensed Embalmer No. 3189

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.