FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 2 1948
Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4235
Primary Registration District No. 5220.
Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County Cass.
(b) City or town Rural, Coldwater Township. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At Home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 45 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Cass. 19
(c) City or town Rural, Coldwater Township. 0 (If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles East Drexel, Mo. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country Does not apply.

3. (a) PRINT FULL NAME ANNIE BEAM MAY.
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 Married.
6. (b) Name of husband or wife Charlie L. May.
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July. (Month) 13th. (Day) 1874. (Year)

8. AGE: Years	Months	Days	If less than one day
73	7	11	hr. min.

9. Birthplace Augusta County. (City, town, or county) Virginia. (State or foreign country)
10. Usual occupation Household Duties.
11. Industry or business At Home.
FATHER
12. Name Perry K. Beam.
13. Birthplace (City, town, or county) Virginia. (State or foreign country)
MOTHER
14. Maiden name Mary Michael.
15. Birthplace (City, town, or county) Virginia. (State or foreign country)
16. (a) Informant C. L. May.
(b) Address Drexel. Missouri.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/27/1948. (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.
18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.
19. (a) 2/27/48. (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 24
year 1948 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from Dec Feb 24 1948, to 19 ;
that I last saw her alive Deceased when seen ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage — Sudden death	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
83A

PHYSICIAN
Underline the cause of 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 Basil O Hartwell M.D. M. D. ~~Coroner~~
Address Drexel, Missouri. Date signed 2/25 1948.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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~~ personally

....., ~~Registered Apprentice No.~~.....

~~working under my personal supervision.~~

Signed.....

Licensed Embalmer No. 1905

P. O. Address Diehl, 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.