

FILED MAR 2 1948

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 44

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town WINDSOR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
COMMUNITY HOSP O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK
(Specify whether
In this community 6 wks
years, months or days)

3. (a) PRINT
FULL NAME

LAURA Beyer

3. (b) If veteran,
name war No

3. (c) Social Security
No. No

4. Sex FEMALE 5. Color or
race W 6. (a) Single, widowed, married,
divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Sept 24 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 26 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name George H. Oyster

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

14. Maiden name Elizabeth Cottoner

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

16. (a) Informant Mr J. P. M. Brew

(b) Address R R 2 Calhoun mo

17. (a) Burial (b) Date thereof 2/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summerside Cemetery

18. (a) Signature of funeral director John E. Biser

(b) Address Wassau

19. (a) 2-24-48 (b) 130 (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON
(c) City or town WARREN "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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1948 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 2-13
1948, to 2-20, 1948
that I last saw her alive on 2-20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Due to Senility

Due to _____

Other conditions
(Include pregnancy within 3 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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Ray B Jordan (M. D. or other) _____

Address Windsor Date signed 2-20-48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-157

Date Filed 3-1-48

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.....

John F. Riser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.