

X47070

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

FILED APR 14 1948

7960

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. X24

1. PLACE OF DEATH:
 (a) County: Butler
 (b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community: Life
years, months or days

3. (a) PRINT FULL NAME: Winchester Beaty
 3. (b) If veteran, name war: _____
 3. (c) Social Security No.: _____

4. Sex: M D 5. Color or race: W
 6. (a) Single, widowed, married, divorced: Widowed
 6. (b) Name of husband or wife: Nannie Mary Beaty
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: March 22 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 10
 If less than one day: _____ hr. _____ min.

9. Birthplace: Lowndes Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: _____

MOTHER: FATHER:
 12. Name: William Beaty
 13. Birthplace: Waynes Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name: Eveline McGinness
 15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Golda Page
 (b) Address: Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof: 4/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Poplar Bluff, Mo.

18. (a) Signature of funeral director: Greer Croy & Fitch
 (b) Address: Poplar Bluff, Mo.

19. (a) 4-6-48 (b) R. M. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Butler
 (c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")
 (d) Street No.: 1305 N. Main
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
 year 1948 hour 7 minute 20 A.M.
 21. I hereby certify that I attended the deceased from May 15th
 1948, to April 2, 1948
 that I last saw him alive on April 2, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: hypertension Duration _____
 Due to: cardiac failure
 Due to: Coroio-vascular disease
 Other conditions: prostatic adenoma Ca
(Include pregnancy within 3 months of death)
 Major findings: Just Operator
 Of operations: _____
 Of autopsy: 51B

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)
 (c) Means of injury: 0
 Signature: Ad. [Signature] (M. D. or other) MD
 Address: Poplar Bluff, Mo. Date signed: 4-7-48

RECEIVED

District Health Office No. 2

District File Number 448-468

Date Filed 4-12-48

MAY 23 1949

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.....

Philip J. Casserly....., Registered Apprentice No. *108*
working under my personal supervision.

Signed *Wallace N. Fitch*.....

Licensed Embalmer No. *3859*

P. O. Address *Poplar Bluff 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.