U. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9012

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 72

49

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 513 N. McGregor St., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Samuel BEERS
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Birdie Dobernz Beers
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March (Month) 1, (Day) 1877 (Year)

8. AGE: Years 71 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Furniture
11. Industry or business
FATHER
12. Name Alias C. Beers
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Almira
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mr. James L. Beers
(b) Address Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 3-20-1948 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th. year 1948 hour 9:00 minute A. M.
21. I hereby certify that I attended the deceased from Mch. 12, 1948, to Mch. 18, 1948 that I last saw him alive on Mch. 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolus	Mch. 17
Coronary occlusion with infarction myocardium, acute left posterior	Mch. 11, 48
Due to Diabetes mell.	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
23. Signature Emery J. Whitney (M. D. or other) MD
Address Carthage, Mo. Date signed MAR 1948 20

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

48-2-171

DEC 17 1951

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 Charles H. Hutsler Jr. Registered Apprentice No. 24, working under my personal supervision.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.