S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12176

FILED MAY 12 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 364

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1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 838 W. Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: GREENE
(c) City or town: Springfield, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.: 838 West Pershing
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

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3. (a) PRINT FULL NAME: MARY JANE McBeath
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Moses (dec)
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Oct. (Month) 19 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
93	6	11	hr. min.

9. Birthplace: Mt. Gilead (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: house wife
11. Industry or business:
FATHER
12. Name: Leaden Russell
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Margaret Crawford
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Mae Kircher
(b) Address: Springfield, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 5-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshfield Mo
18. (a) Signature of funeral director: Alma Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 5/1/48 (Date received local registrar) (b) W. S. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 30
year: 1948 hour: 1 minute: 45 A.M.

21. I hereby certify that I attended the deceased from April 28, 1948, to April 30, 1948; that I last saw him alive on April 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	3 Days
Due to:	
Due to:	
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: Kenneth C. Coffee (M. D. or other) MD
Address: Springfield, Mo. Date signed: 5-1-48

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 Richard E. Watts, Registered Apprentice No. 206, working under my personal supervision.

Signed Jewell E. Wundly

Licensed Embalmer No. 2831

P. O. Address Springfield 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.