

No. 300
4-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 1 1948

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
418 West Lexington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)
In this community 5 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 418 West Lexington St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Brenda Gail Beasley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 19, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 27 hr. = min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Thelma Beasley

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

16. (a) Informant Miss Thelma Beasley

(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/48
(Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Life F. Home

(b) Address Richmond, Missouri

19. (a) April 17, 1948 (Date received local registrar) (b) mauel jackson (Registrar's signature) 572

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1948 hour 8 minute 45P M.

21. I hereby certify that I attended the deceased from April 11, 1948 to April 16, 1948
that I last saw her alive on Apr 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 6 days

Due to whooping cough 3 wks.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 9

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? 1

While at work _____ (Specify type of place) (e) Means of injury 4:30

23. Signature D. E. J. Kenner (Date) April 17, 1948

Address Richmond, Mo. Date _____

RECEIVED
District Health Officer No. 3
District File Number
Date Filed 4-29-48

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 Louis Lewis
Licensed Embalmer No. 4096
P. O. Address Richmond, Va.

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.