

FILED JUL 8 1948
Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 19

1. PLACE OF DEATH:

(a) County. Cedar
(b) City or town. Rural--North Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME. Harley Clyde Beall

3. (b) If veteran,

name war.

3. (c) Social Security No.

4. Sex. M O 5. Color or race. W
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Nellie M. Beall
6. (c) Age of husband or wife if alive. 52 years
7. Birth date of deceased. October 7 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 15 hr. min.

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

10. Usual occupation. Farming

11. Industry or business.

12. Name. William J. Beall
13. Birthplace. West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Ann Freeland
15. Birthplace. West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant. Ollie D. Jones
(b) Address. 1018 E. Adams St. Phoenix, Ariz.
17. (a) Burial. (b) Date thereof. 6 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Gum Springs Cemetery

18. (a) Signature of funeral director. E. Church. Neale
(b) Address. Stockton, Missouri
19. (a) 7-3-48 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Cedar 20
(c) City or town. Rural--North Linn 0
(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. 6 day. 22
year. 1948 hour. 2:10 minute. P. M.

21. I hereby certify that I attended the deceased from June 22 1948
that I last saw him alive on June 22 1948
and that death occurred on the day and hour stated above.

Immediate cause of death.

Heart Attack 4 days
Due to. Influenza June 3, 1948
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?
While at work? (Specify type of place)
(e) Means of injury.

23. Signature. J. P. Jones (M.D. or other)
Address. Stockton, Mo. Date signed. 6-25-48

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

RECEIVED

District Health Officer No. 7,

District File Number 6-48-736

Date Filed 7-6-48

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 _____

Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.