

FILED JUN 21 1948

Registration District No. 158Primary Registration District No. 6185Registrar's No. 26

## 1. PLACE OF DEATH:

(a) County TANEY  
 (b) City or town cedar creek, mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 months  
 (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

BEVERLY ANN Beeler

3. (b) If veteran,

name war no

3. (c) Social Security No.

160

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife Home 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV 25 1947  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 6 3 hr. min.

9. Birthplace Fredricktown mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Jane Willard Beeler13. Birthplace Keane mill, mo  
 (City, town, or county) (State or foreign country)14. Maiden name Diane Brown15. Birthplace Cedar Creek, mo  
 (City, town, or county) (State or foreign country)16. (a) Informant Diane Beeler(b) Address Fredricktown mo17. (a) Burial (b) Date thereof 5/29/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burial Cemetery18. (a) Signature of funeral director Harry Fawcett(b) Address 5-28-4819. (a) 5-28-48 (b) 1 E Logan  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 16  
 (c) City or town Fredricktown mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
 year 1948 hour 12 30 minute P M.

21. I hereby certify that I attended the deceased from May 28 1948 to May 28 1948  
 that I last saw her at home May 28 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death possible skull fracture  
 Due to fall off of Bed.

Due to  
 Other conditions (Include pregnancy within 3 months of death)  
None

Major findings: None  
 Of operations None  
 Of autopsy None

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) accident 106  
 (b) Date of occurrence May 28 - 1948  
 (c) Where did injury occur Keane Mills Tane mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, or public place? at Home  
 (Specify type of place)

While at work (e) Means of injury skull fracture  
 23. Signature Harry Fawcett (M.D. or other)  
 Address Branson mo Date signed 5-28-48

RECEIVED  
District Health Officer No. 6,  
District File Number 648-132  
Date Filed JUN 18 1948

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 \_\_\_\_\_

*not embalmed*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Minnie L. Whelsh*

Licensed Embalmer No. *2277*

P. O. Address *Brunson rd*

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.