

FILED AUG 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23518

Registration District No. 182

Primary Registration District No. 4298

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Linneus
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 Obediah Beaver

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Susie Beaver 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased November 21 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 20 hr. _____ min.

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

10. Usual occupation Retired farmer11. Industry or business XXX12. Name Al Beaver

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

14. Maiden name XXXXXXXXXXXXXXXXXXXX

15. Birthplace XXXXXXXXXX XXXXXXXXXXXX
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. Beaver(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 7/13/1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery18. (a) Signature of funeral director J. B. Brothers(b) Address Linneus, Missouri

19. (a) July 22 - 1948 (b) Mrs. R. D. Kelley
 Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
 (c) City or town Linneus
 (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 XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
 year 1948 hour 2:00 minute p. M.

21. I hereby certify that I attended the deceased from 7/10 1948 to 7/11 1948
 that I last saw him alive on 7/11 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 2

23. Signature D. S. Wells (M. D. or other) D.O.
 Address Linneus, Missouri Date signed 7/13

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

W. R. Wright

....., Registered Apprentice No. 207

working under my personal supervision.

Signed *David A. Taylor*

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.