FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

Registration District No. 1809

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3019

State File No. 25868

Registrar's No. 53

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent
(c) City or town Salem
(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 .....

3. (a) PRINT FULL NAME Mary Patterson Beardslee
3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Jan. (Month) 11 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	6	23	..... hr. ..... min.

9. Birthplace Tenn (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
MOTHER FATHER
12. Name Abner James Gupton
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Mary Francis Crow
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Fred M. Moseley
(b) Address Salem, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove Cem
18. (a) Signature of funeral director [illegible]
(b) Address Salem, Missouri
19. (a) 8-5-48 (Date received local registrar) (b) M. M. Hart M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1948 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from July 2 1948 to Aug 3 1948 and that I last saw ~~her~~ alive on Aug 3 1948 and that death occurred on the date and hour stated above. Duration

Immediate cause of death: Chronic Nephritis Uremia
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) Chronic Hypertension Malnutrition
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) Means of injury .....

23. Signature [illegible] (M. D. or other)
Address Salem Mo. Date signed 8/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-17-48
District Health Officer No. 5,
District File Number 84652-21
Date Filed 8-23-48

SEP 28 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Mass

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.