S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27189

Registration District No. 264 Primary Registration District No. 5885 Registrar's No. 16

1. PLACE OF DEATH:
(a) County: Ozark
(b) City or town: Rural- Barren Fork Twp
(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: 61 yrs (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ozark 77
(c) City or town: Almartha rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Willard E. Beach
3. (b) If veteran, name war: ---
3. (c) Social Security No. 445-20-2544
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ellen
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: May (Month) 5 (Day) 1887 (Year)
8. AGE: Years 61 Months 2 Days 26 If less than one day hr. min.
9. Birthplace: Almartha (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: J. L. Beach
13. Birthplace: Green County (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name: Pearl Harley
15. Birthplace: --- (City, town, or county) Tennessee / (State or foreign country)
16. (a) Informant: Bernie H. Beach
(b) Address: 811 So Phoenix - Tulsa Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Souder, Mo.
18. (a) Signature of funeral director: Clinkingbeard Fn. Home
(b) Address: Gainesville, Mo.
19. (a) 8-5-48 (Date received local registrar) (b) Wallace Cogswell (Registrar's signature) 405

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1948 hour 1 minute 27 P.M.
21. I hereby certify that I attended the deceased from July 30 1948 to Aug. 1 1948; that I last saw him alive on July 30 1948 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left hydrothorax	1mm
Due to: Pulmonary tuberculosis ?	3 yr or more
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 3B	
Of autopsy:	

PHYSICIAN — Underline the cause to 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? (Specify type of place)
While at work (e) Means of injury:
23. Signature: M. J. Hoerman M.D. (M.D. or other)
Address: Gainesville, Mo. Date: 8/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 848-921
Date Filed AUG 1[illegible] 18

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 Charles R. Fish, Registered Apprentice No. ....., working under my personal supervision.

Signed W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville

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.