

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30607

Registration District No. 274

Primary Registration District No. 5922

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Beaman, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bowling Green Township, N. of Beaman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether in this community years, months or days) 1

3. (a) PRINT FULL NAME Katie Beaman Baker

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 Married
6. (b) Name of husband or wife Lon Baker 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 6, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 28 hr. min.

9. Birthplace Beaman Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Curry Beaman

13. Birthplace Beaman Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Janie Webb

15. Birthplace Beaman Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lon Baker

(b) Address Beaman, Mo.

17. (a) Burial (b) Date thereof 9-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Sutcliffe
(b) Address Sedalia, Mo.

19. (a) 9-7-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Beaman, Rural, Bowling Green T
(If outside city or town limits, write "RURAL")
(d) Street No. Bowling Green Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4 July
1947 to 4 Sept, 1948;
that I last saw her alive on 4 Sept, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Embolus
Due to Chronic Myocarditis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Refused 43
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 P. S. Greagel (M.D. or other)
Address Smithton, Mo. Date signed 7 Sept 48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-42

- 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.....

John G. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.