FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35618

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1220

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3216 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2304 So. 11th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Carrie M. Beam
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John Beam
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 7 (Day) 1878 (Year)

8. AGE: Years 70 | Months 9 | Days 4 | If less than one day: hr. min.
9. Birthplace: Little Rock (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
12. Name (Father): Unknown
13. Birthplace (Father): Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Isabelle Dilly
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 11-18-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1948 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from Nov 3, 1948, to Nov 11, 1948, that I last saw her alive on Nov 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ventricular fibrillation	5 min
Due to: Paroxysmal ventricular tachycardia	? yrs.
Due to: Chronic myocarditis	? yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation:
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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Dr. W. H. Voorhis (M. D. or other) D.O.
Address: Union Star, Mo. Date signed 11-12-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Danny O. Eicher Registered Apprentice No. 287 working under my personal supervision.

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 10th St. [illegible]

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.