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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39067
Registrar's No. 52

FILED DEC 9 1948 2C
Registration District No. _____

Primary Registration District No. 4482

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Memphis
(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 _____ (Specify whether)
In this community entire life years, months or days

3. (a) PRINT FULL NAME Cora Beaver
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex ♀ 5. Color or race w 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Chas. B. Beaver 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Salem Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name Sylvanus John

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

14. Maiden name Martha Way
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ruth Slaven
(b) Address Memphis

17. (a) Burial (b) Date thereof July 7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director Ruth Barker
(b) Address Memphis Mo

19. (a) 12/1/48 (b) P. M. Baker
(Date received local registrar) (Registrar's signature) 407

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Memphis
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5
year 1948 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from June 20
_____, 1948, to July 5, 1948
that I last saw her alive on July 5, 1948
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 9/3/48
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. E. Lowe Do (Attending physician)
Address Memphis Mo Date signed any!

RECEIVED
District Health Officer Not 10
District File Number 12-48-2087
Date Filed DEC 7 - 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 Fred Gorth

Licensed Embalmer No. 4256

P. O. Address Memphis 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.