

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

FILED NOV 16 1948

State File No.

Registration District No. 374

Primary Registration District No. 4347

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Sarah Margaret Beavers

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Beavers 6. (c) Age of husband or wife if alive not alive
7. Birth date of deceased January 16, 1864 (Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 13 If less than one day ✓ hr. ✓ min.

9. Birthplace Denver, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name D & Robins

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

14. Maiden name Battie Walker

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

16. (a) Informant Mr. Paul Beavers

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof Oct 31 - 48 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director John Andrews

(b) Address Grant City, Mo.

19. (a) Nov 1, 1948 (b) Leta E. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Grant City, Mo. (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 Oct day 29 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 20, 1948 to Oct 29, 1948; that I last saw her alive on Oct 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritic Coma

Duration 4 days

Due to _____

Due to _____

Other conditions renal insufficiency last 5 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no

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) (c) Means of injury ✓

23. Signature S. H. Hall (M. D. or other) Address Springfield, Mo. Date signed Oct 30, 48

DEC 11 1948

DISTRICT HEALTH OFFICE
Cameron. M.

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.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address. *Grant City, 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.