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|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 5005 | | Registrar's No. 149 | |
| 1. PLACE OF DEATH a. COUNTY Adair | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pettis. | | c. LENGTH OF STAY (in this place) 28 Mos. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville | | 0013 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 mile SW Millard | | | | d. STREET ADDRESS (If rural, give location) S* Baltimore | | | |
| 3. NAME OF DECEASED (Type or Print) CARRIE | | a. (First) | | b. (Middle) (n) | | c. (Last) BEACH | |
| 4. DATE OF DEATH May 20 1950 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓ | |
| 8. DATE OF BIRTH March 2, 1855 | | 9. AGE (in years last birthday) 95 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY same | |
| 11. BIRTHPLACE (State or foreign country) Bloomfield, Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Lowe | | 13b. MOTHER'S MAIDEN NAME Hettie Fry | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME Guy Beach | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from May 17, 1950, to May 20, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE R.D. Strickler M.D. | | 23b. ADDRESS Kirksville Mo | | 23c. DATE SIGNED 5-24-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 22, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Stuyke Cemetery | | 24d. LOCATION (City, town, or county) (State) Millard Missouri | |
| DATE REC'D BY LOCAL REG. 6-5-50 | | REGISTRAR'S SIGNATURE Kate Lambert | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Harris | | ADDRESS Kirksville Mo | |

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RECEIVED JUN 12 1950
District Health Officer No. 10
District File Number 6-50-982
Date Filed JUN 15 1950

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

working under my personal supervision.

Student Embalmer No.

Signed Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.