

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

FILED JUL 13 1950

Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4295 5677

State File No. 19-0

Registrar's No. 19-0

20832

1. PLACE OF DEATH:

(a) County Lincoln Co., Mo.
(b) City or town Rural Union, Newbern, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: X X (Specify whether)
In this community 25 yrs. years, months or days

3. (a) PRINT FULL NAME

JOHN BEALL

3. (b) If veteran,

name war X X

3. (c) Social Security No.

X X

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife 30 years
Beall alive years
7. Birth date of deceased 12 30 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 22 hr. min.

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

10. Usual occupation Chief Farmer

11. Industry or business

12. Name Alfred Beall
13. Birthplace Alleghany Maryland (City, town, or county) (State or foreign country)
14. Maiden name Martha Reed
15. Birthplace Cumberland Maryland (City, town, or county) (State or foreign country)

16. (a) Informant O. J. Lawrence

(b) Address 814 N. 1st St. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-1950 (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Mo.

18. (a) Signature of funeral director H. B. Dammert

(b) Address 814 N. 1st St. Mo.

19. (a) 6/26/50 (Date received local registrar) (b) Mrs. J. A. Dwyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/4 mi. N. Silex Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1950 hour 11 AM minute M.

21. I hereby certify that I attended the deceased from June 19 50 to June 22 1950 and that I last saw him alive on June 2-7-1950 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 7 hr. 15 min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature R. M. Penn (M. D. or other) Silex Mo. Date signed 6/29/50

JUL 19 1950

RECEIVED JUN 8 1950
District Health Officer No. 9,
District File Number.

JUL 13 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 W. R. Danner

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

W. R. Danner

Licensed Embalmer No.

2251

P. O. Address

Liby 7mo

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.