

S. No. 2  
M-9-4-41  
v. 5-17-39  
P-I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18057

State File No. ....

Registrar's No. 107

FILED JUN 10 1942 47  
Registration District No. ....

Primary Registration District No. 3018

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hr (Specify whether  
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Henry  
(c) City or town Calhoun  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lula Pauline Beaty  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 30  
year 1942 hour 12 minute 25 P. M.  
21. I hereby certify that I attended the deceased from April 28, 1942 to April 30, 1942  
that I last saw her alive on April 30, 1942  
and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Jeff Beaty 6. (c) Age of husband or wife if alive 1884 years  
7. Birth date of deceased. 10 (Month) 17 (Day) 1884 (Year)

Immediate cause of death. Fracture of left femur 2 days  
Due to. Alc  
Due to. !

8. AGE: Years Months Days If less than one day  
57 6 16 hr. min.

Other conditions. Pulmonary embolism Febrile  
(Include pregnancy within 3 months of death)  
Major findings: Fractured femur  
Of operations.....  
Of autopsy.....

9. Birthplace..... (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business.....  
12. Name Brett Garrett  
13. Birthplace Henry Co Mo (City, town, or county) (State or foreign country)  
14. Maiden name Emma Stanton  
15. Birthplace Washington (City, town, or county) (State or foreign country)  
16. Name of informant Jeff Beaty  
17. (a) Burial (b) Date thereof 5-2-1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Calhoun Cem  
18. (a) Signature of funeral director Fred Wilkinson  
(b) Address Clinton Mo  
19. (a) May 1, 1942 (Date received local registrar) (b) Georgia Kitchem (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 042  
(b) Date of occurrence April 25, 1942  
(c) Where did injury occur? Calhoun Henry Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
About farm home (Specify type of place)  
While at work? Yes (e) Means of injury Fall  
23. Signature S.B. Hughes (M. D. or other) P.D  
Address Clinton, Mo Date signed 5/30/42

Duration  
Physician  
Underline the cause to which death should be charged statistically.

1669

JUN 12 1942

RECEIVED

District Health Officer No. 7,

District File Number 6-42-585

Date Filed 6-8-42

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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 Wilkinson*

Licensed Embalmer No. 9478

P. O. Address Clinton T.

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of mo  
County of Henry } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD** Local Registrar's No. ....

On this 13 day of July, 1942, before me appears Jess Beaty, who, upon his oath, states that the original record of <sup>birth</sup> death of Lula Pauline Beaty died Apr 30 <sup>born</sup>, 1942 in the State of Missouri, and which was filed at Clinton, on Albese, 1942 should be corrected as follows:

Item No. 8 should read 87 yrs - 6 mo - 16 days

Instead of 57 yrs - 6 mo - 16 days

Item No. 8 should read 57 - 6 - mo - 16 days

Instead of 87 yrs - 6 mo - 16 days

Item No. .... should read .....

Instead of .....

Item No. 7 should read 10 mo - 14 day - 1884

Instead of 10 mo - 14 day - 1854

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Jess Beaty Husban Relationship.  
W. Alton mo. Present Address.

Subscribed and sworn to before me this 13 day of July, 1942.

My Commission expires Oct 24 - 1944 John F. Schuman Notary Public.

Affidavits containing erasures will not be accepted. Draw one line through error and write above it.

S-18057