

FILED AUG 12 1943

Registration District No. 132

Primary Registration District No. 5472

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Paris - Harrison Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R7 D# 7 1 Jubla. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 40

(c) City or town Paris Harrison Twp
(If outside city or town limits, write "RURAL")

(d) Street No. R7 D# 7 Jubla. Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Corina Beach

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Byron Beach

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Jan 5 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>6</u>	<u>12</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Henry Collins

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

14. Maiden name Blake Payne

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

16. (a) Informant Marion Beach

(b) Address Jubla. Mo

17. (a) Buried (b) Date thereof 7/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grimes County Linn County

18. (a) Signature of funeral director Blair James Davis

(b) Address Paris Mo

19. (a) 7-19-43 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1943 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from June 8, 1943, to July 17, 1943;
that I last saw her alive on July 15, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease
mitral insufficiency, a number of years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

92 f

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. H. Queller M.D. (M. D. or other) _____
Address Paris Mo. Date signed 7-19-43

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

4000

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Drenton, Md.*

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.