

No. 2
M-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31717

State File No. _____

FILED OCT 7 1943

Registration District No. 19387

Primary Registration District No. 5506

Registrar's No. 173

1. PLACE OF DEATH:

(a) County HENRY CLINTON TWP
(b) City or town Rural
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 1
In this community 20 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town CLINTON (If outside city or town limits, write "RURAL") Rural
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? ✓ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME William Elmer Beebe

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

4. Sex m 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8-22-1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days _____ If less than one day _____ min.

9. Birthplace Modale Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Della Beebe

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 9-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Wellman

(b) Address Clinton Mo

19. (a) Sept 2 1943 (b) Georgia Pitzler
(Date received local relatives) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
year 1943 hour 12 minute 10 PM

21. I hereby certify that I attended the deceased from July 1939 to Sept 1 1943
that I last saw him alive on Sept 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma urinary bladder
Carcinomatous

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) (e) Means of injury _____
23. Signature Joseph B Orill (M. D. or other) M.D.
Address Clinton Mo Date signed 9-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7, 8

District File Number 9-43-1012

Date Filed 10-7-43

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 Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.