

FILED FEB 9 1945

Registration District No.

Primary Registration District No.

5519

State File No.

Registrar's No.

10

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Wichita Rural
(If outside city or town limits, write "RURAL" and name of township)
(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
(Specify whether
In this community Life
years, months or days

3. (a) PRINT FULL NAME

Leroy Beasley

3. (b) If veteran, name war ✓

3. (c) Social Security No. 500-105962

4. Sex ♂

5. Color or race W

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

6. (b) Name of husband or wife Martha E

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased 3-21-1903
(Month) (Day) (Year)

8. AGE:

Years 41 Months 9 Days 18
If less than one day hr. min.

9. Birthplace

Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name John Beasley
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Martha E. Beasley

(b) Address

Wichita Mo

17. (a) Burial (Burial, cremation, or removal)

Burial (b) Date thereof 1-11-45
(Month) (Day) (Year)

(c) Place: burial or cremation

Wichita Cemetery

18. (a) Signature of funeral director

Fred Williams

(b) Address

Wichita Mo

19. (a) Date received by registrar

January 11, 1945 (Date received by registrar)

(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town Rural Wichita Oak Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles NE Wich
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 45 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from January 9
1945, to January 10, 1945
that I last saw him alive on 9 Jan, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 G. W. Moulton (M. D. or other) MD
Address Wichita, Mo Date signed 1-11-45

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

200

5

L-45-79
2-8-45

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.