

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 9 1945
137

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 6197

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 60 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry 42
(c) City or town Clinton mo (If outside city or town limits, write "RURAL") 1
(d) Street No. 901 north 2nd (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____ 17

3. (a) PRINT FULL NAME HESTER BEESON

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

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife J. B. Beeson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 8 1856 (Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Fort Scott Kan 1 (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Smith
13. Birthplace don't know 9 (City, town, or county) (State or foreign country)
14. Maiden name _____ 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mr Gene Elmer

(b) Address Clinton mo

17. (a) Burned (b) Date thereof 1-8-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethelham Cen

18. (a) Signature of funeral director Consuelo Beck

(b) Address Clinton mo

19. (a) January 8, 1945 (Date received local registrar) Georgia Kitcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1945 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 2 one 1944 to Jan 3 1945 and that death occurred on the date and hour stated above. that I last saw her alive on Jan 3 1945

Immediate cause of death Senility Duration ✓
Due to _____
Due to 16 1/2
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 R. J. Powell (M.D. or other) 30
Address Clinton mo Date signed 1/4/45

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

2
1
2

FEB 15 1957

1-45-83
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 J. E. Consolue
Licensed Embalmer No. 1891
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.