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**FILED JAN 21 1946**  
Registration District No. **157**

Primary Registration District No. **4272**  
Registrar's No. **189**

**1. PLACE OF DEATH:**  
 (a) County **Henry**  
 (b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Community Rest Home 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether years, months or days)  
 In this community **25 years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Henry** **42**  
 (c) City or town **Windsor** **?**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Martin Luther Beasley**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **M** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **W** **6. (b) Name of husband or wife** **Lillie Tabler**  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **May 2, 1864**  
(Month) (Day) (Year)

**8. AGE:** Years **81** Months **5** Days **23**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Illinois**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **rt. Farmer**

**11. Industry or business** **Farming**

**MOTHER FATHER** { **12. Name** **William Beasley**  
**13. Birthplace** **unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **unknown**  
(City, town, or county) (State or foreign country)  
**15. Birthplace** **unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Harry Hoepfner**  
**(b) Address** **Windsor, Missouri**

**17. (a) burial** **(b) Date thereof** **Oct. 28 '45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Calhoun, Missouri**

**18. (a) Signature of funeral director** **Huston-Turner**  
**(b) Address** **Windsor, Mo.**

**19. (a) 12-15-45** **(b) R. R. Beasley**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **25th**  
 year **1945** hour **9** minute **15** p. M.

**21. I hereby certify that I attended the deceased from** **Aug 25**  
 19**45**, to **Oct 26** 19**45**  
 (that I last saw him alive on **Oct 26** and that death occurred on the date and hour stated above.)

**Immediate cause of death**  
**Cerebral hemorrhage**  
**(left side)**

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_

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

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

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?** \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_

**23. Signature** **R. R. Beasley** **(M. D. or other)**  
**Address** **Windsor, Mo.** **Date signed** **Oct 28 1945**

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

12-45-1352  
1-15-46

**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 *Edith H. Hutton*

Licensed Embalmer No. *3391*

P.O. Address *Windsor, Ma.*

**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.**