

REC'D AUG 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24965
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township Carrollton Primary Registration District No. 5188 Registered No. 84
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN WILLIAM BEATY 3rd

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Florence Pittleton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 10 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

FATHER 13. NAME John Wm Beaty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Martha J Temple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs J W Beaty Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dak Hill Cem DATE July 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stahley's Carrollton, Mo.

20. FILED 7-27-1938 John Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937 to July 21, 1938
I last saw him alive on July 24, 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and relevant causes of importance were as follows:

Senile (Cerebral) Paresis
Date of onset _____

Other contributory causes of importance: old age

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) [Signature]

(Address) Carrollton, Mo.

WRITE PLAINLY; WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

Ben W. Gibson, or by

Registered Apprentice No., working under my personal supervision.

Signed

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton, 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, above space should be left blank.