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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 12 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____
Registrar's No. FF 25

Registration District No. 219 Primary Registration District No. 6081

1. PLACE OF DEATH:
(a) County St. Francois County
(b) City or town Farmington, Mo. R.F.D. No. 4
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 95
(c) City or town Farmington, Mo. R.F.D. No. 4
(If outside city or town limits, write "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 Mr. Lewis E. Beunton
3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19 year 1946 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from March 24, 1945, to March 19, 1946
that I last saw him alive on Jan. 18, 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rebecca M. Beunton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 10, 1861
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach (or more)
Due to _____
Due to _____
Other conditions Secondary Anemia (Include pregnancy within 3 months of death) One year

8. AGE: Years 81 Months 9 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace St. Francois Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farming

Major findings:
Of operations _____
Of autopsy U/L
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Mr. E. Beunton
13. Birthplace St. Francois Co., Mo. (City, town, or county) (State or foreign country)
14. Maiden name Jessie Richardson
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mr. Lewis E. Beunton (son)
(b) Address Farmington, Mo. R.F.D. No. 4
17. (a) Burial (b) Date thereof March 21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pease cemetery, Farmington
18. (a) Signature of funeral director Alvin H. Hays
(b) Address 303 Crane St. Farmington, Mo.
19. (a) 3/21/46 (b) L. E. Beunton
(Date received by registrar) (Registrar's signature)

23. Signature Walter T. Hays, M.D. (M. D. or other) H.D.
Address Booneville, Mo. Date signed 3/20/46

350

(Licensed Embalmer's Statement on Reverse Side)

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

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address St. Paul, 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.