

FILED JAN 16 1947

Registration District No. 208

Primary Registration District No. 3042

Registrar's No. 162

1. PLACE OF DEATH:  
 (a) County Madison  
 (b) City or town Fredericktown  
 (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 mo (b) County Madison  
 (c) City or town Fredericktown  
 (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 EMILY - C - BEAL  
 3. (b) If veteran, name war —  
 3. (c) Social Security No. —

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 8<sup>th</sup>  
 year 1947 hour 5 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from Jan - 8 - 1947 to Jan 8 - 1947  
 that I last saw her alive on Jan 6 - 1947  
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife Andy Beal  
 6. (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased Aug 1 1860  
 (Month) (Day) (Year)

Immediate cause of death Senility and Heart Failure  
 Duration \_\_\_\_\_

8. AGE: Years 87 Months 5 Days 7  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Bollinger, CO, MO  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House wife

11. Industry or business H. HAYNES  
 12. Name Daniel Baynes  
 13. Birthplace Madison Co, MO  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Whitener  
 15. Birthplace Madison Co, MO  
 (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) none  
 (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? no (Specify type of place) (e) Means of injury none

16. (a) Informant Allie Lognes  
 (b) Address Fredericktown, MO  
 17. (a) Burial (b) Date thereof Jan - 10 - 47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kinder's Cemetery  
 18. (a) Signature of funeral director Walt - Holt  
 (b) Address Fredericktown, MO  
 19. (a) 1-8-1947 (b) Harold Kicks  
 (Date received local registrar) (Registrar's signature)

23. Signature M. B. Bayles (M. D. \_\_\_\_\_)  
 Address Fredericktown Date signed 1-8-1947

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

MOTHER FATHER

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 147-72  
Date Filed 1-13-47

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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, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*John N. Salt*

Licensed Embalmer No. 4264

P. O. Address Fredericktown

**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.

*MD,*