

50 JAN 2 1939

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

44781
Do not use this space.

1. PLACE OF DEATH
 (a) County Washington 2 Registration District No. 885-
 (b) Township _____ Primary Registration District No. 4530 Registered No. 12
 (c) City Caledonia 1 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Lewis La Folette Bean
 (a) Residence, No. Caledonia St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angeline Bean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78</u>	<u>9</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge Mo. 0

FATHER 13. NAME Columbu s Bean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Caroline Clay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Missouri 0

17. INFORMANT (ADDRESS) Fred Bean
Caledonia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE Nov. 20 1938

19. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons
Ironton Mo.

20. FILED 1-10 1939 Ella White Local Registrar. 818

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1936, to 11-18 1938
 I last saw him alive on 7-12 1938. Death is said to have occurred on the date stated above, at 3.00P m.
 The principal cause of death and related causes of importance were as follows:

Ascending paralysis. Date of onset _____

Other contributory causes of importance: 81

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? _____
 If so, specify Joseph L. Thurman M. D.
 (Signed) _____ (Address) Potosi Mo.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)