

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.

Dr. Post

REC'D MAY 10 1938

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

14585  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
 (b) Township St. John's Primary Registration District No. 5414 Registered No. 43  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Beuke 200

(a) Residence, No. Krakow, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Frank Beuke  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30th, 1881  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
56 9 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) Gildehaus 0  
 (STATE OR COUNTRY) Missouri 0  
 FATHER 13. NAME Adolph Narup 0  
 14. BIRTHPLACE (CITY OR TOWN) Gildehaus 0  
 (STATE OR COUNTRY) Missouri 0  
 MOTHER 15. MAIDEN NAME Mary Tobbin  
 16. BIRTHPLACE (CITY OR TOWN) Gildehaus  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Frank Beuke  
 (ADDRESS) Krakow, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Krakow, Mo. DATE April 14, 1938  
 19. FUNERAL DIRECTOR Otto & Co.  
 (ADDRESS) Washington, Mo.  
 20. FILED April 13 - 1938 H.A. May  
 Local Registrar 270

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11/38 19  
 22. I HEREBY CERTIFY, That I attended deceased from 1/10/38, 19....., to 4/11/38, 19.....  
 I last saw h. alive on....., 19..... Death is said to have occurred on the date stated above, at 8:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cause: Tubercular Pleurisy  
No More Obtainable  
 Other contributory causes of importance:  
Extensive Hemorrhagic diplopia  
pituitary gland tumor  
 Date of onset

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) J.P. Post, M. D.  
Washington, Mo.

STATEMENT BY LICENSED EMBALMER

I, *J. M. [Signature]*, Licensed Embalmer No. 2404

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *[Signature]*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *J. M. [Signature]*  
Licensed Embalmer No. 2404

**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.)**