

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

41990  
Do not use this space.

RECD JAN 12 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002  
 or K. C. Mo.  
 (c) City (d) Street No. 401 East 36th St. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Margaret Beyer  
 (a) Residence, No. 401 East 36th St. St.  Excelsior Springs, Mo.  
 (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 Female 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 William M. Beyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	10	8	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) England

FATHER  
 13. NAME John Johns  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER  
 15. MAIDEN NAME No Record  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT F. H. Beyer  
 (ADDRESS) Omaha, Nebr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Dec. 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner  
Kansas City, Mo.

20. FILED Dec 28 1938 M. M. Crona  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1930 to 12/24, 1938  
 I last saw her alive on 12/24, 1938. Death is said to have occurred on the date stated above, at 4:00m. AM  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
Pyelitis 33

Other contributory causes of importance:  
Senesence

Name of operation none Date of  
 What test confirmed diagnosis? None Was there an autopsy? no

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) Arthur J. Smith, M.D.  
 (Address) 505 - 1st St. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-1-38 I X16605

Dr. Clinton Smith

Prof. Bldg.,

VI 4420

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**