

REC'D FEB 20 1939

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

1109

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw. Primary Registration District No. 100 Registered No. 122  
(c) City Kansas City (d) Street No. General Hospital  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 Audrey Elaine Beullens

(a) Residence, No. 3912 Olive St. 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 OF (OR) WIFE OF James R Beullens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 6 24

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. At Home  
10. Date deceased last worked at this occupation (month and year) 1/7/39 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.13. NAME Ray Coulter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.15. MAIDEN NAME Hettie Lauderbach16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.17. INFORMANT J.R. Beullens (Husband)  
(ADDRESS) 3912 Olive, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 11, 193919. FUNERAL DIRECTOR (NAME) Bentley Mortuary Inc.  
(ADDRESS) 5811 Troost Ave. K.C. Mo.20. FILED Jan 11, 1939 M. M. Browe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-39 1922. I HEREBY CERTIFY, That I attended deceased from 1939 to 1939

I last saw the deceased Deputy Coroner Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

Aphasia - due to retrograde pressure on trachea by tuberculous lymph gland

Other contributory causes of importance:

6 months pregnancy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? 4  
If so, specify \_\_\_\_\_(Signed) Walter H. Richter M. D.(Address) Gen Hosp, K.C. Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

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.**