

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.

REC'D APR 15 1939

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

11092

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township PROSIA Primary Registration District No. 95.5313 Registered No. 79
 (c) City Little Blue (d) Street No. Jackson State Eugene Hospital St.
 (e) Length of residence in city or town where death occurred 200 James Beach yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 10626 Carruth Sugar Creek Mo (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 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 widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1866
 7. AGE YEARS 72 MONTHS 6 DAYS 5 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
 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) Kansas City
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Beach

FATHER 14. BIRTHPLACE (CITY OR TOWN) Spentucky
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Frene Gorsett

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Smithville
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harry Beach
10626 Carruth Sugar Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park Cem DATE March 21, 1939
Kansas City, Mo.

19. FUNERAL DIRECTOR (ADDRESS) Loge C. Carson
Independence, Mo.

20. FILED 3-21, 1939 Lawrence A. Darnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1939, to Mar. 19, 1939
 I last saw him alive on Mar. 19, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cardiac decompensation?

Other contributory causes of importance: 131

Chronic Nephritis?

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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.....

(Signed) Maurice A. Jones, M. D.

(Address) Little Blue, Mo.

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.)