

REC'D JUN 14 1939

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

18091
Do not use this space.

1. PLACE OF DEATH

(a) County..... Buchanan Registration District No. 85
(b) Township..... Washington Primary Registration District No. 1001
(c) City..... St. Joseph (d) Street No. 3216 Mitchell Ave. 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 46 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph J. McBeth
(a) Residence, No. 3216 Mitchell Ave. 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 Male	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 Sarah Ann McBeth		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1861.		
7. AGE YEARS 77	MONTHS 9	DAYS 6
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager of Mo. Fire Prevention Bureau	
	9. Industry or business in which work was done, as saw mill, bank, etc. Bureau	
	10. Date deceased last worked at this occupation (month and year) May 1939.	
		11. Total time (years) spent in this occupation 35 yrs.
12. BIRTHPLACE (CITY OR TOWN) Schenectady (STATE OR COUNTRY) New York		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown	
17. INFORMANT Mrs. Sarah Ann McBeth (ADDRESS) 3216 Mitchell Ave. St. Joseph, Mo.		
18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cent PLACE St. Joseph, Mo. DATE May 24, 1939		
19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.		
20. FILED May 23, 1939 N.J. Nestlebrink Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1939, to 5-21-1939, 1939.
I last saw him alive on 5-21-1939. Death is said to have occurred on the date stated above, at 11:45 AM.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset 5-20-39

Other contributory causes of importance:
Chronic Interstitial Nephritis
Chronic Pericarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) A. W. Nestlebrink, M. D.
(Address) 873 7th St. St. Joseph, 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.

1 X16605

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.....

Elbert E. Harrington.....

Registered Apprentice No. *****

working under my personal supervision.

Signed.....

Elbert E. Harrington

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str. St. Jos

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.