

JUL 10 1939

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

21255  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson County 3 Registration District No. 399  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 2523  
 (c) City Kansas City, Mo. (d) Street No. 5331 Highland 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Bielman (Joseph Bielman)  
 (a) Residence, No. 5331 Highland Ave. St. \_\_\_\_\_  
 (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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Suzanna Wilson Bielman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>No RECORD</u>				
7. AGE <u>23</u>	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>			
	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) <u>Iowa</u> 1				
FATHER	13. NAME <u>Joseph Bielman</u> 9			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No RECORD</u> 9			
MOTHER	15. MAIDEN NAME <u>Limande Demmon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No RECORD</u>			
17. INFORMANT (ADDRESS) <u>Sister Bernille</u> <u>5331 Highland Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>6-22-39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Chas. J. Tabo</u> <u>20 W. Terminal</u> <u>722 39th M. M. Brown</u> Local Registrar.				
20. FILED _____				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 20<sup>th</sup></u> 19 <u>39</u>	
22. I HEREBY CERTIFY That I attended deceased from <u>last</u> 19 <u>38</u> to <u>June 20<sup>th</sup></u> 19 <u>39</u>	
I last saw him alive on <u>June 18</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>10:45 a.m.</u>	
The principal cause of death and related causes of importance were as follows:	
	Date of onset
<u>Central hemorhage</u>	
<u>2nd stage</u>	
Other contributory causes of importance:	
<u>Atherosclerosis</u>	<u>15 yrs</u>
Name of operation <u>None</u>	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? <u>No</u>
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) <u>Paul W. R. [Signature]</u> M. D. (Address) <u>1402 Bryant Bldg</u>	

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.

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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.**