

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.

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

AUG 1 1939

26035

Do not use this space.

1. PLACE OF DEATH

(a) County Knox Registration District No. 441  
(b) Township Edina Primary Registration District No. 4239  
(c) City Edina (d) Street No. \_\_\_\_\_ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rachel Eleanor Beal  
(a) Residence, No. \_\_\_\_\_ 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<br><u>Female</u>                                                                                | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Wm. Beal</u>                        |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>April 17, 1876</u>                                       |                                  |                                                                             |
| 7. AGE<br><u>63 yrs</u>                                                                                | YEARS<br><u>3</u>                | MONTHS<br><u>1</u>                                                          |
| 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.<br><u>Housewife</u> |                                  | 11. Total time (years) spent in this occupation<br><u>77 yrs</u>            |
| 9. Industry or business in which work was done, as saw mill, bank, etc.<br><u>Housewife</u>            |                                  |                                                                             |
| 10. Date deceased last worked at this occupation (month and year)<br><u>July 18, 1939</u>              |                                  |                                                                             |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Shirleyville, Mo.</u><br><u>Scotland Co.</u>    |                                  |                                                                             |
| 13. NAME<br><u>Mrs. W. G. Fowler</u>                                                                   |                                  |                                                                             |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ohio</u>                                        |                                  |                                                                             |
| 15. MAIDEN NAME<br><u>Martha A. Cunningham</u>                                                         |                                  |                                                                             |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Knox County</u><br><u>Missouri</u>              |                                  |                                                                             |
| 17. INFORMANT (ADDRESS)<br><u>George W. Fowler</u><br><u>Quilley, Mo.</u>                              |                                  |                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE _____ DATE _____ 19__                                       |                                  |                                                                             |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>Paul C. Knepphauser</u><br><u>Edina Mo.</u>                |                                  |                                                                             |
| 20. FILED <u>July 20</u> 19 <u>39</u> <u>Mrs C. M. Linick</u><br>Local Registrar.                      |                                  |                                                                             |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939  
22. I HEREBY CERTIFY, That I attended deceased from July 18, 1939 to July 18, 1939  
I last saw her alive on July 18, 1939 Death is said to have occurred on the date stated above, at 8 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset July 18, 1939

Other contributory causes of importance:

Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Dr. E. L. Luman M. D.  
3915 (Address) Edina Mo.

RECEIVED

District Health Officer No. 10

District File Number \_\_\_\_\_

Date Filed AUG 15 1939

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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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina, Mo.

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.