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

FILED MAR 11 1940

6040
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township St. Joseph,
or
(c) City Missouri
(d) Street No. St. Hosp. #2, St. Joseph, Mo. 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. 9 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 245

2. PRINT FULL NAME Lillian M. Beller,
(a) Residence, No. St. Hosp. #2, St. Joseph, Mo. St. Kansas City. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

460

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 William Beller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/18/70

7. AGE: Years 70 | Months 0 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

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.
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) Lexington, Kentucky

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Unknown, Unknown,

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Unknown Unknown,

17. INFORMANT (ADDRESS) St. Hosp. Records St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE March 1, 1940

19. FUNERAL DIRECTOR (NAME) Alston Bigale & Bowman
(ADDRESS) 319 So. 10th. Str. Funeral Hom.

20. FILED Mar 1, 1940 H. J. Nettlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/29/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1939, 19, to 2/29/40, 19
I last saw her alive on Feb. 28, 1940, 19 Death is said to have occurred on the date stated above, at 5:30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Arteriosclerotic Heart Disease~~	
Hypostatic Congestion of Lungs (Broncho Pneumonia.)	2/25/4

Other contributory causes of importance:
Emaciation
Mitral Stenosis.

Name of operation None Date of
What test confirmed diagnosis? Clinic & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) Sam Nelken M. D.
(Address) State Hospital No. 2, St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2. 50M-9-19-38 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 ✓

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address St Joseph 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.