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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WED AUG 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24900

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 106

1. PLACE OF DEATH:

(a) County. Clay
(b) City or town. Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 20 min
(Specify whether
In this community. Most of her lifetime
years, months or days)

3. (a) PRINT FULL NAME Beulah McGaugh 270

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 22 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Excelsior Hotel

12. Name James F. Ware

13. Birthplace Juniata
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willie Collinsbell

(b) Address 417 1/2 Main St Newton Kansas

17. (a) Removal (b) Date thereof July 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arkansas City, Kansas

18. (a) Signature of funeral director Clarence Michael

(b) Address Excelsior Springs Mo

19. (a) July 10, 1940 (b) Mrs. M. E. Cracker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clay
(c) City or town. Excelsior Springs
(If outside city or town limits write "RURAL")
(d) Street No. Excelsior Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1940 hour 8:30 minute _____ M.

21. I hereby certify that I attended the deceased from July 3
1940 to July 6, 1940

that I last saw her alive on July 6, 1940
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial
decompensation

Due to Over taxation heart
bleeding clots

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature G. D. Beaver (M. D. or other) M.D.

Address Excelsior Springs Mo Date signed 7-8-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
8-8-40
Date Filed

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.....

Robert Ray, Registered Apprentice No. 226
working under my personal supervision.

Signed Claude P. Richard
Licensed Embalmer No. 2757
P. O. Address Excelsior Spg

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.