

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37771**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4369**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3918 Charlotte Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **23** years _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3918 Charlotte Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Mrs. Eleanor BEEMAN**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Beeman** 6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **February 20 1908**
(Month) (Day) (Year)

8. AGE: Years **32 yrs** Months **8** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Ottawa Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife**

12. Name **Mr. Will Payne**

13. Birthplace **Villanois Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Woodburn**

15. Birthplace **Ottawa Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Beeman**

(b) Address **Grandview Missouri**

17. (a) **Cremation** (b) Date thereof **11/16/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Melody McGilley**

(b) Address **K. C. Mo.**

19. (a) **11-17-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **15th**
year **1940** hour **3** minute **50 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw **her** alive on **11-14-40**, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death **Metastatic carcinoma of ovary - breast**

Due to **tubercular spine**

Due to **myeloma** 50

Other conditions **Malnutrition**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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?

While at work? _____ (Specify type of place) (e) Means of injury **fall**

23. Signature **R. C. Sheek DO** (M. D. or other)

Address **1108 1/2 Adams** Date signed **11/16/40**

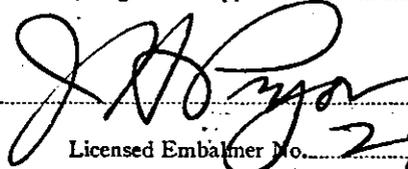
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 267, working under my personal supervision.

Signed _____


Licensed Embalmer No. 2999

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.