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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41183

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4576

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2417 Linwood Blvd. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution no (Specify whether

In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2417 Linwood Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Anna Beck (Anna Beck)

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe

5. Color or race wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eugene Beck

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

7. Birth date of deceased March (Month) 19 (Day) 1874 (Year)

8. AGE: Years 66 Months 8 Days 12 If less than one day hr. min.

9. Birthplace London, Ohio (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name C. C. Ballard 1
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Baker
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Beck

(b) Address 2417 Linwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost Avenue

19. (a) 12-2-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 30/40, 19__, to Nov. 30, 1940 that I last saw her alive on Nov. 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	
Due to 820	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. D. Stipe MD (M. D. or other)

Address 1303 Waldheim Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side) K. C. Mo.

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.