No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5770

FILED MAR 14 1941

Registration District No.

Primary Registration District No.

Registrar's No. 542

48
3
8

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: General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2016 Poplar (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HELEN M. BEASLEY
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jinx Beasley
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Apr. 2 1912 (Month) (Day) (Year)

8. AGE: Years 28 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Bobcsow Bobciki
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Amelia Swedeske
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Jinx Beasley
(b) Address 2016 Poplar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 41 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Indep Mo
18. (a) Signature of funeral director Geo C. Carson
(b) Address Indep Mo
19. (a) 2/7/41 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1941 hour 5 minute 45a M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute generalized peritonitis

Due to Incomplete septic abortion

Other conditions (Criminal) (Include pregnancy within 3 months of death)

Major findings: Of operations 140 D

Of autopsy 140 D

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) Do not know
(b) Date of occurrence Admitted Gen Hosp 1-30-41
(c) Where did injury occur? Do not know (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 3
23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

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