

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20846

State File No.

2376

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: **at home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All of life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **826 Archibald** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1941** hour **3:30 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **June 19, 1941 to June 20, 1941**
that I last saw her alive on **June 20, 1941**
and that death occurred on the date and hour stated above.
Immediate cause of death **Diabetic Coma** Duration **4 hrs**

Due to **Diabetes Mellitus** 18 yrs

Due to **61**

Other conditions **61**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

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

23. Signature **[Signature]** (M. D. or other) _____
Address **901 Westport road** Date signed **6/24/41**

3. (a) PRINT FULL NAME **Mrs. Julia F. Beebee**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **No**

4. Sex **Fe** 5. Color race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Alexander Beebee** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 14, 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **George Wiedenmann**

13. Birthplace **Germany** (State or foreign country)

14. Maiden name **Fredricka Kaiser** (State or foreign country)

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

16. (a) Informant **Alexander M. Beebee**

(b) Address **826 Archibald**

17. (a) **Burial** (b) Date thereof **June 23, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**
R.V. LINDSEY & SONS

18. (a) Signature of funeral director _____ (b) Address **3811 Broadway**

19. (a) **6/23/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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

288

64

MOTHER FATHER

Misses Ferguson
901 Westport

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.....

Levi H. Stewart

Licensed Embalmer No. *4177*

P. O. Address *Kansas City, 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, fact should be so stated above.