

FILED NOV 10 1942
Registration District No. 167

Primary Registration District No. 5607

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Kingsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
not hospitalized /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community eighty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural, Kingsville Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 8 Miles No. of Kingsville, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME Eliza Jane Beall

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1942 hour 8:30 minute P M.

4. female / 5. Color or race cauc

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

6. (b) Name of husband or wife Charles H. Beall

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

7. Birth date of deceased Nov. 1, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb
1, 1940, to Oct 17, 1942
that I last saw her alive on Oct 17, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>16</u>hr.min.

Immediate cause of death
Carcinoma uterus

Duration 10 years

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

Due to

Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 48 lb

11. Industry or business at home

Major findings: Of operations

12. Name Donald S. Jones

Of autopsy

13. Birthplace unknown No. Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Patricia Davis

15. Birthplace unknown No. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Curlow

(b) Address Kingsville, Missouri.

17. (a) burial (b) Date thereof Oct 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Springs, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Oct. 23 (b) Mr Frank Morrison
(Date received local registrar) (Registrar's signature)

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 W. A. ... M.D. (M. D. or other)

Address Washington mo Date signed Oct 21 1942

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-47

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

M. J. Canaday

Licensed Embalmer No.

343/4

P. O. Address

Holden, 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.