No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1584

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 29

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: St Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 20 yrs 1 years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State Kansas (b) County Wyandotte 14
(c) City or town Kansas City Ko. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4805 Hudson R.F.D.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Beulah Mayberry
3. (b) If veteran, name war no -
3. (c) Social Security No. no
4. Sex Femal
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife James Mayberry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 27 1901 (Month) (Day) (Year)
8. AGE: Years 42 Months 6 Days 7 If less than one day hr. min.
9. Birthplace Oak Grove (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Hospital work
11. Industry or business
MOTHER FATHER
12. Name Joseph Brann
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
14. Maiden name Nattie Owings
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Gladys Dunn
(b) Address 3300½ Penn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mo.
18. (a) Signature of funeral director Mr C R Foster
(b) Address 918 Brooklyn
19. (a) Jan 11 1944 (Date received by local registrar) (b) S B Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1944 hour 5 minute 9 M.
21. I hereby certify that I attended the deceased from July 1 1943 to Jan 4 1944 that I last saw h. er alive on Jan 2 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infected Kidney	
Due to Stone in Rt ureter	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death) 340	
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 M T Lovell (M. D. or other) MD
Address 1722 W 39 Date signed 1-4-44

(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. Denzil C. Browning

Licensed Embalmer No. 2227

P. O. Address. K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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