V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26734

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3529

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: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 9½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independance
(If outside city or town limits, write "RURAL")
(d) Street No. 932 Manor Rd.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOROTHY D. BEASLEY
3. (b) If veteran, name war no.
3. (c) Social Security No 490-16-0926
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olen V. Beasley
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased June (Month) 3 (Day) 1905 (Year)

8. AGE: Years 39 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Auto Parker
11. Industry or business Standard Milling Co.
MOTHER FATHER
12. Name Cornelius Dacy
13. Birthplace Washington (City, town, or county) D. C. (State or foreign country)
MOTHER
14. Maiden name Katie Yoakum
15. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mr. Olen V. Beasley
(b) Address 932 Manor Rd., Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 30 44 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) 8-30-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1944 hour 1 minute 20 A.M.
21. I hereby certify that I attended the deceased from Pathologist, 19..; that I last saw h. alive on 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	
Due to: Inflammatory adhesions	
Due to: Ovarian abscess with fistula to the	
Other conditions (Include pregnancy within 3 months of death): original canal	
Major findings: Of operations: 1390	
Of autopsy: As above	

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 Loraine Sherwood (M. D. ~~coroner~~)
Address Pathologist Date signed 8-27-44

361 (Licensed Embalmer's Statement on Reverse Side) St. Joseph Hospital, K.C., Mo.

OCT 24 1957

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Indep, 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.