

S. No. 2
OM-2-43
v. 5-17-39
P-I X33697

13446

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 125

Registration District No. 186 Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1225 S. McCoy St Independence, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1225 S. McCoy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mervelyn Joyce Beem
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1st year 1946 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from June 13 1945 to March 31 1946
that I last saw her alive on March 31 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race wht 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Metastatic Medulloblastoma of Brain Stem and Spinal Cord
Due to Cerebello-Medulloblastoma
Operated May 1, 1945
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased Dec. 13 1937
(Month) (Day) (Year)
8. AGE: Years 8 Months 3 Days 18 If less than one day hr. _____ min. _____

Physician _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy 540

11. Industry or business _____
12. Name Fred A Beem
13. Birthplace Anamosa Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Mudge
15. Birthplace Anamosa Iowa
(City, town, or county) (State or foreign country)
16. (a) Informant Fred A Beem
(b) Address 1225 S. McCoy Ind.
17. (a) Burial (b) Date thereof Apr 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove
18. (a) Signature of funeral director Joland A. Speaks
(b) Address Independence, Mo
19. (a) Apr. 12 1946 (b) Therese J. Olney
(Date received local authority) (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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Ethel Watson M.D. or other _____
Address 129 W. Lexington Date signed April 1946

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

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 with the above constitutes grounds for revocation of license.)

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