S. No. 2
M—5-43
. 5-17-39
I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20665

FILED JUN 20 1946

Registration District No. 75 Primary Registration District No. 5574 Registrar's No. 80

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural - Van Buren
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 ½ Miles S.E. Of Grain Valley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Rural - Van Buren
(If outside city or town limits, write "RURAL")
(d) Street No. 5½ Miles S.E. Of Grain Valley
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: OSCAR TURNER BEALS

3. (b) If veteran, name war: --------

3. (c) Social Security No. --------

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Bessie F. Beals

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: September (Month) 22, (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	7	20	hr. min.

9. Birthplace: Trilla, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Levi F. Beals
13. Birthplace: Trilla, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Allie Nelson
15. Birthplace: No Data (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Bessie F. Beals
(b) Address: Oak Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Roland R. Speake
(b) Address: Independence, Missouri

19. (a) 5/13/46 (Date received by local registrar) (b) Sara G. Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from June 18, 1944, to May 12, 1946, that I last saw him alive on May 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis	
Due to: Adeno carcinoma of Stomach	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: See above
Of autopsy: None

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: Harold V. Woods M.D. (M. D. or other)
Address: Independence Mo. Date signed 5/13/46

133 (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.....

Licensed Embalmer No. 3604

P. O. Address: Independence

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.