

Y. S. No. 2
 DOM-2-43
 Rev. 5-17-39
 X35697

27011

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 19 1946
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3423

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town CAIRNAS. CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. MARYS. HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 DAYS
 In this community 2 YEARS
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town CAIRNAS. CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1400 HINWOOD. BLDG.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELLEN. M. BEELER
 (b) If veteran, name war No
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month AUGUST day 8th
 year 1946 hour 2 minute 20 P. M.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MR. WILLIAM. W. BEELER
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JANUARY. 8. 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 7 Days 0
 If less than one day _____ hr. _____ min.

Immediate cause of death: Apathyria -
 Carcinoma of Thyroid
 Due to _____
 Due to _____

9. Birthplace GREEN COUNTY PENNSYLVANIA
 (City, town, or county) (State or foreign country)

Other conditions: _____
 (Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings: _____

11. Industry or business _____

Of operations: _____

MOTHER FATHER

12. Name JOHN CUNNINGHAM
 13. Birthplace IRELAND
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY DUFFY
 15. Birthplace IRELAND
 (City, town, or county) (State or foreign country)

Of autopsy: See Above
 Underline the cause to which death should be charged statistically.

16. (a) Informant ED Cunningham
 (b) Address 1400 Hinwood

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? _____

17. (a) BURIAL (b) Date thereof AUG 20 1946
 (Burial, cremation, or removal) (City) (State) (County)
 (c) Place: burial or cremation MT. CALYBAUR CEMETERY LEAVENWORTH, KANSAS

While at work? _____ (Specify type of place)
 (b) Means of injury _____

18. (a) Signature of funeral director W. H. Pusey's Sons
 (b) Address 1401 BRUSH CREEK BLDG.
 19. (a) 8-9-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature W. E. Fisher (M. D. or other)
 Address 2800 Main Date signed 8/19/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 25853

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 Oscar Horsthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.