S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

Registration District No. 136

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 37395

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 14 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 415 Virginia Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Asbury Beal

3. (b) If veteran, name war

3. (c) Social Security No. 243-34-8761

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August (Month) 25 (Day) 1879 (Year)

8. AGE: Years 67 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Anniston (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Pres and Owner

11. Industry or business Joplin Business College

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Lena Beal

(b) Address 415 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 '46 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Harwell Dillon

(b) Address 305 W 4th St

19. (a) 11-16-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1946 hour 4 minute a M.

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

Immediate cause of death Cerebral Hemorrhage — Duration 5 HRS

Due to Arteriosclerotic Heart Disease — Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93D
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G A Schultz Ellis (M. D. or other) MD

Address 628 1/2 Main St Joplin Mo Date signed 11-15-46

138 (Licensed Embalmer's Statement on Reverse Side)

46-11-1001

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.....David Dillow.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, 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.