S. No. 2
1—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8909

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 1226

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:
4320 E 7th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4320 E. 7th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOE NEY BEALE

3. (b) If veteran, name war no

3. (c) Social Security No. 487-01-8425

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Annie Lee

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 27 (Month) 1890 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	7	18	hr. min.

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

10. Usual occupation Transportation Dept.

11. Industry or business Public Service Co.

FATHER
12. Name John Beale
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Mobley
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Annie Lee Beale

(b) Address 4320 E 7th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director C.H.Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 3-18-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 15
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 3 1946 to Mar. 15 1947
that I last saw him alive on Sept 4th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 mo
Due to Coronary heart disease	2 yrs
Due to Arteriosclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a

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 Allen L. Hearst (M. D. or other)

Address 1100 Prof. Bldg Date signed 3-18-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Allen Hearsh.
Prof. Bldg.
Ha. 3177

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.