

S. No. 30
OM-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12429**
Registrar's No. **1875**

FILED MAY 7 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days**
In this community **15 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1201 Washington**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rowland Beville**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **April** day **28**
year **1948** hour **4** minute **45** P. M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mrs Martha Beville**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Oct 18 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 19 1948** to **April 28 1948**
that I last saw him alive on **April 28 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Tumor of lung type undetermined**
(m.m.o.)
Duration _____

8. AGE: Years **65** Months **6** Days **10**
If less than one day hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **572**
Of autopsy **None**

9. Birthplace **De Carter Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **R. M. Beville**

13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elena B. Jones**

15. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Martha Beville**

(b) Address **1201 Washington**

17. (a) **removal** (b) Date thereof **4-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill, Mo.**

18. (a) Signature of funeral director **Simmons**

(b) Address **1404 So. 37th St. K.C. Mo.**

19. (a) **4-30-48** (b) **Steradine Holmes**
(Date received local registrar) (Registrar's signature)

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

23. Signature **Wm W. West** (M. D. or other) **Med. Dir. Gen'l Hosp**
Address **4-29-48** Date signed

Dr. Cadry

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.....

H. Simmons

Licensed Embalmer No. 3903

P. O. Address K C Ks

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.