. S. No. 2
OM—1/47
ex. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12996

FILED APR 23 1948

Registration District No. 46 | Primary Registration District No. 55-68 3026 | Registrar's No. 118

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 11220 East 14th, Street (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Independence (If outside city or town limits, write "RURAL") 4

(d) Street No.: 11220 East 14th, Street (If rural, give location) 4

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: SYLVIA AILEEN BEEBE

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

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

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Child 0

6. (b) Name of husband or wife: ----------

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

7. Birth date of deceased: December (Month) 14, (Day) 1941 (Year)

8. AGE: Years 6 | Months 3 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation: ----------

11. Industry or business: ----------

FATHER
12. Name: Finis Beebe
13. Birthplace: Spickard, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Myrtle Luke
15. Birthplace: Des Moines, (City, town, or county) Iowa (State or foreign country) /

16. (a) Informant: Mr. Finis Beebe

(b) Address: Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mound Grove Cemetery

18. (a) Signature of funeral director: Roland R. Speaks

(b) Address: Independence, Missouri

19. (a) 4-12-48 (Date received local registrar) (b) [signature] (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th, year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 9-20-44, 19..., to 4-6- 19 48, that I last saw h. alive on 4-6-48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Celiac Disease	5 yrs
Due to:	
Due to:	
Other conditions: Secondary Anemia (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

23. Signature: Lewis E. Soper (M. D. or other) DO

Address: Independence Mo Date signed: 4-10-48

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

Jefferson City Printing Co. (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 [signature]

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.