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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16620

FILED MAY 13 1948

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: RFD. # 1 North River Road (If not in hospital or institution, write street number or location)

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

In this community 43 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural Blue Township 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. RFD. # 1 North River Road 0 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HANNAH BERNICE BEAL

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 Widowed

6. (b) Name of husband or wife Alonzo M. Beal 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased January (Month) 8. (Day) 1868 (Year)

8. AGE: Years 80 Months 3 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John A. Beal 1
13. Birthplace Jonesport, Maine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christiana Alley
15. Birthplace Jonesport, Maine (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Vernon O. Beal
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/48 (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) 4-21-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th, year 1948 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from Apr 12th, 1948, to Apr 20th, 1948, that I last saw her alive on Apr 20th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis and Senility

Due to acute Bronchopneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration

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)

While at work? — (e) Means of injury

23. Signature H V Cordry MD (M. D. or other)

Address 805 Elmwood Date signed 4-21-48

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 Roland R. Speaks

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.