

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19739**  
Registrar's No. **181**

Registration District No. **146** Primary Registration District No. **3026**

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: **INDEPENDENCE SANITARIUM & HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **SIX WEEKS**  
In this community **THREE YEARS** (Specify whether years, months or days)

3. (a) PRINT **MRS. AGNES BEARDSLEY**  
FULL NAME  
3. (b) If veteran, **NO** name war  
3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **BURDETTE J. BEARDSLEY**  
6. (c) Age of husband or wife if alive **XXXXX** years  
7. Birth date of deceased **8 15 1873**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **3**  
If less than one day hr. min.

9. Birthplace **PRINCEVILLE ILLINOIS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

MOTHER FATHER

12. Name **JULIUS H. HOPKINS**

13. Birthplace **WEST PEACHIN VERMONT**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY BENJAMIN**

15. Birthplace **AKRON TOWNSHIP ILLINOIS**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MAYNARD W. BEARDSLEY**

(b) Address **906 W. MAPLE AVE.**

17. (a) **BURIAL** (b) Date thereof **6-19-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOUND GROVE**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **815 W. MAPLE, INDEPENDENCE, MO.**

19. (a) **6-21-48** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **INDEPENDENCE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **630 N. DELAWARE**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **6** day **18**  
year **1948** hour **1** minute **15 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 **Junidice Coronary Arteriosclerosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Heart Disease**  
(Include pregnancy within 3 months of death)

Major findings: **Significant findings: mechanical blockage of coronary arteries, biological studies**  
Of operation  
Of autopsy  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 **[Signature]** (a) M. D. or other \_\_\_\_\_  
Address **INDEPENDENCE** Date signed **6/18/48**

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

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.....

*Ralph C. Jones*....., Registered Apprentice No. *61*  
working under my personal supervision.

Signed *Vernon M. Reppert*.....

Licensed Embalmer No. *4311*.....

P. O. Address *Buckner*.....

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.