No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35632

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1321

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL") 7

(d) Street No. 230 W. Nebraska avenue 0 (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Beulah W. Causey

3. (b) If veteran, name war No

3. (c) Social Security No. 500-07-1882

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband ~~or wife~~ Daniel Causey

6. (c) Age of husband ~~or wife if~~ alive 61 years

7. Birth date of deceased January (Month) 28 (Day) 1898 (Year)

8. AGE: Years 50 Months 10 Days 4 If less than one day — hr. — min.

9. Birthplace DeKalb (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Cook

11. Industry or business Cook

FATHER
12. Name Richard Jones 0
13. Birthplace DeKalb (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Maggie Pollard
15. Birthplace DeKalb (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr. Daniel Causey

(b) Address 230 W. Nebraska Ave.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12-6-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Mo.

19. (a) 12-9-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1948 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from November 3 1948 to December 2 1948 that I last saw her alive on December 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes - Known 3 months and Diabetic Ulcer - Left ~~xxxx~~ Shoulder.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation

Of autopsy

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 0

23. Signature [signature] (M. D. ~~XXXX~~)

Address The Tootle Building St. Joseph, Mo. Date signed 12-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 91 1944

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.....Wm. H. Alexander.....

Licensed Embalmer No.....4450.....

P. O. Address.....St. Joseph, 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.