

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1669

Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 001 Registered No. 67
 (c) City ST. JOSEPH (d) Street No. 1418 S. 13TH. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BENJAMIN F. BEELER

(a) Residence, No. 1418 S. 13TH. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOSIE BEELER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 3RD. 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TRANSFER
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDREW COUNTY, MO.13. NAME GREENFIELD F. BEELER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN INDIANA15. MAIDEN NAME SALLY MORGAN EVANS16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KENTUCKY17. INFORMANT LUCY M. BEELER
(ADDRESS) 1418 S. 13TH. ST. JOSEPH, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JAN. 23TH. 193919. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
(ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.20. FILED Jan. 23, 1939 H. J. Neel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 21ST. 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 17, 1939, to Jan 21st, 1939
 I last saw him alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 3.30 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset Jan 19, 1939
108

Other contributory causes of importance:

General debility
Chronic bronchitis

Name of operation none Date of Jan 21, 1939
 What test confirmed diagnosis? Physician's examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury Jan 21, 1939
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) H. J. Neel, M. D.
 (Address) 825 Charles

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 26 1942

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 John E. Rupp
Licensed Embalmer No. # 3986
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, above space should be left blank.