

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. RECORD should be carefully supplied.

Call this record  
REC'D FEB 15 1939

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

Yancey  
2311  
Do not use this space.

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 378  
 (b) Township 2 Primary Registration District No. 2001  
 (c) City SPRINGFIELD (d) Street No. 835 State Registered No. 46  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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 Jane O' Bryant Beebe  
 (a) Residence, No. 835 State St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unmarried  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ralph Beebe (Dec)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1895  
 7. AGE YEARS 43 MONTHS 0 DAYS 20 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Republic, Missouri  
 FATHER 13. NAME unk  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co, Missouri  
 MOTHER 15. MAIDEN NAME Margarette Todd  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co, Missouri  
 17. INFORMANT (ADDRESS) Mrs. Henry O' Bryant Springfield, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Republic, Mo DATE Jan 17 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Gahmeyer Springfield, Mo  
 20. FILED Jan 16 1939 Chas. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1938, to Jan 15 1939  
 I last saw him alive on Jan 6 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Sarcoma of ilium with metastasis and cardiac failure  
 Date of onset 1-1-38  
 Other contributory causes of importance: 46  
Jan 4 39  
 Name of operation Resection of tumor Date of \_\_\_\_\_ 9-12-38  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Daniel L Yancey, M. D.  
 (Address) 205 St Louis street Springfield, Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**