

REC'D MAR 9 1939

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

5458

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kan. Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3205 E 16th 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 657

## 2. PRINT FULL NAME

ELIZABETH BEY  
 (a) Residence, No. 3205 E 16th 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6

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

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. (STATE OR COUNTRY)13. NAME Mansfield Bey14. BIRTHPLACE (CITY OR TOWN) Jefferson County, Ark. (STATE OR COUNTRY)15. MAIDEN NAME Willie Harrison16. BIRTHPLACE (CITY OR TOWN) Shreveport, La. (STATE OR COUNTRY)17. INFORMANT (ADDRESS) Mansfield Bey, 3205 E 16th, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Feb 15, 193919. FUNERAL DIRECTOR (NAME) E. Stuhling Bills (ADDRESS) 1811 E 10th, K.C. Mo.20. FILED 1619 3977 M. Browne Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-39, 19

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19

I last saw \_\_\_\_\_ on \_\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:  
Prematurity 159

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 \_\_\_\_\_ 4

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Walter H. Stuhling, M. D.  
 (Address) Blue Ridge, K.C. 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.**