

REG'D MAR 13 1939

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

6554
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 153
(c) City Springfield (d) Street No. Burge Hosp. 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.

2. PRINT FULL NAME

(a) Residence, No. 240 Lewis Beesley St. Brighton R #1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Ulla Beesley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13 1907</u>		
7. AGE YEARS <u>✓ 32</u>	MONTHS <u>2</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Merchant</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Store</u>		
10. Date deceased last worked at this occupation (month and year) <u>-</u>		
11. Total time (years) spent in this occupation <u>-</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla.</u>		
13. NAME <u>C. J. L. Beesley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Maggie Metcalf</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>J. J. Cave R #2 Brighton R #2</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Bush Grove</u> DATE <u>Feb 19 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. H. ...</u>		
20. FILED <u>2-19-39</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1938 to Feb 18 1939
I last saw him alive on Feb 17 1939 Death is said to have occurred on the date stated above, at 12:35 p.m.
The principal cause of death and related causes of importance were as follows:
Multiple Sarcoma, apparently originating in deep mesenteric glands
Other contributory causes of importance: Hb

Name of operating physician Removal of peritoneal glands Date of -
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 Arthur P. Knab M. D.
(Signed) Arthur P. Knab (Address) 450 1/2 E. Conil St

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 *J. B. K. Lignee*
Licensed Embalmer No. *3358*
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.