

REC'D APR 19 1939

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

10536  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Clay Registration District No. 203  
(b) Township Platte Primary Registration District No. 4122 Registered No. 6  
(c) City Smithville (d) Street No. Smithville Community Hospital 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 0 yrs. 0 mos. 1 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELMA BEERY

(a) Residence, No. Trimble, Missouri 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. <del>SINGLE, MARRIED, WIDOWED, OR DIVORCED</del> write the word <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>REMARKS</u> (OR) WIFE OF <u>Andrew Jackson Beery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18, 1864</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>0</u>	DAYS <u>29</u> If LESS than 1 day, ..... hrs. or ..... min.
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. <u>Housewife</u>	
FATHER	10. Date deceased last worked at this occupation (month and year) <u>1939</u>	
	11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte County Missouri</u>	
	13. NAME <u>Sylvester Blankenship</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Margaret Sims</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		

17. INFORMANT Mrs E C Rice  
(ADDRESS) Trimble, Missouri  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ridgley, Mo. DATE Mar. 19, 1939  
19. FUNERAL DIRECTOR McComas Mortuary  
(ADDRESS) Smithville, Missouri  
20. FILED 3-18-1939 E.C. Hill  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1939 to March 17, 1939  
I last saw her alive on March 17, 1939 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma

Date of onset

Other contributory causes of importance:

John Nephritis  
Hypertensive pneumonia  
Name of operation None Date of 1939  
What test confirmed diagnosis? Exam 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.....  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) W. J. [Signature], M. D.  
(Address) Smithville, Mo

MARON RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4/2/39

STATEMENT BY LICENSED EMBALMER

I, Owen J. Boggess, Jr., Licensed Embalmer No. 3940

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Owen J. Boggess, Jr.  
Licensed Embalmer No. 3940

**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.)**