

REC'D JUN 15 1939

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

18850
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 403
(b) Township Brook King Primary Registration District No. 5557 Registered No. _____
(c) City Raytown (d) Street No. _____ 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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mary Elizabeth Beavis
(a) Residence, No. Raytown Mo. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva George Beavis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1865
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 0 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Cameron Mo.
13. NAME Thomas Hickson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Clie - Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Eva Geo. Beavis Raytown Mo.
18. BURIAL, CREMATION, OR REMOVAL Greenlawn Cem. PLACE DATE May 12 - 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Beget Raytown Mo.
20. FILED 4-14 1939 McMoubrack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939
22. I HEREBY CERTIFY That I attended deceased from Apr 23 1939 to May 10 1939
I last saw h. in alive on May 10 1939 Death is said to have occurred on the date stated above, at 1:30 PM
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 5-8-39
121
Other contributory cause of importance:
Hypertension, Chronic Nephritis - Cardiac Decompensation.
Name of operation none Date of _____
What test confirmed diagnosis? Cerebral 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 _____, 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? _____
If so, specify _____ (Signed) J. H. Doffman, M. D.
385 (Address) Raytown, Mo.

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.

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,

C. Clark Heger, or by

Registered Apprentice No., working under my personal supervision.

Signed *C. Clark Heger*

Licensed Embalmer No. *3983*

P. O. Address *Raytown 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.