

FILED FEB 13 1940

Dr. Wakeman

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

2406
 Do not use this space.

1. PLACE OF DEATH GREENE 1
 (a) County..... Registration District No. 316
 (b) Township..... Primary Registration District No. 2001 Registered No. 75
 or SPRINGFIELD 8
 (c) City..... (d) Street No. City 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Beal
 (a) Residence, No. 205 E. Olive St.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Wright Beal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 75

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Music Teacher

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) Unknown 1

FATHER 13. NAME Unknown 1

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

MOTHER 15. MAIDEN NAME Unknown 1

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT City Hosp. records
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Jan. 27 40

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED 1/27/40 1940 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to Jan 24, 1940

I last saw him alive on Jan. 23, 1940. Death is said to have occurred on the date stated above, at 9 a. m.

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

Toxemia
Chronic Nephritis
 Date of onset Jan. 13

Other contributory causes of importance:

Cystitis Subcutanea
Hypertrophy of prostate
Nov 1939

Name of operation Suprapubic Cystostomy Date of Jan 14 1940
 What test confirmed diagnosis? Physical exam only 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? !
 If so, specify J. Newton Wakeman, M. D.
 (Signed) Springfield, 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, or by.....
James Osburn....., Registered Apprentice No. *227*
working under my personal supervision.

Signed *Poolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

X