

FILED MAR 11 1940

STANDARD CERTIFICATE OF DEATH

State File No. 5332

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 557

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Kansas City General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital of institution 4 1/2 Hours
(Specify whether
In this community 24 Years
years, months or days)

3. (a) PRINT FULL NAME Miss Martha Kathleen Beall

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August 5 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 6 0 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name Ralph Beall
13. Birthplace Montgomery County, Maryland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lena Belle McDowell
15. Birthplace Greenfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Beall
(b) Address 5718 Michigan Ave.

17. (a) Burial (b) Date thereof Feb. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director O. N. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 6 1940 M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5718 Michigan Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-5-40 day 25 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from 10-20-30 to 2-5-40
the death occurred on the date and hour stated above.
Immediate cause of death burn

Due to 10-20-30 burn

Due to 10-20-30 burn

Other conditions: ---
(Include pregnancy within 3 months of death)

Major findings: ---
Of operations ---
Of autopsy ---

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-5-40

(c) Where did injury occur? K.C. Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Clothes caught fire from cigarette
While at work --- (Specify type of place) (Specify means of injury)

23. Signature M. M. Crowe (M. D. or other)
Address --- Date signed ---

199

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.....

K. O. Newcomer Jr

Licensed Embalmer No.....

4043

P. O. Address.....

K. O. No.

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.