

Registration District No. 35

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6224 Grant St. (Home)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years
 (Specify whether years, months or days)
 In this community 8 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6224 Grant St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert Lewis Beagle

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

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

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

7. Birth date of deceased October 28, 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	2	12	hr. min.

9. Birthplace Golf Mansas /
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Armour & Co.

11. Industry or business Armour & Co.

12. Name Henry Beagle

13. Birthplace New York /
 (City, town, or county) (State or foreign country)

14. Maiden name Lizzie Waddle
 (City, town, or county) (State or foreign country)

15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Emery (Daughter)

(b) Address 6224 Grant St.

17. (a) Burial (b) Date thereof 1/13/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director John E. Waddell

(b) Address 6054 Pryor Ave

19. (a) Jan. 13, 1942 (b) J. F. Westphal
 (Date received by registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 10th day 10th
 year 1942 hour 10 minute 40-60 PM

21. I hereby certify that I attended the deceased from Nov 28th 1942
 that I last saw him alive on Jan 8th 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the tongue
 Duration 41 days
 Due to: Don't know.

Other conditions: none
 (Include pregnancy within 3 months of death)

Major findings: Of operations: none
 Of autopsy: none
 PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) _____
 (a) Means of injury _____
 Signature: Albert E. Holley M.D.
 Address: 822 Edmond St. Date signed: 1-11-42

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

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. **3986**

6054 Pryor Ave.,

P. O. Address **St. Joseph, Missouri**

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, fact should be so stated above.