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37358

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 3 1943/9

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4961

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City
(c) Name of hospital or institution:
3200 Northledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether
In this community five months
years, months or days)

3. (a) PRINT FULL NAME

Saphronia Beem

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex fe
5. Color or race w
6. (a) Single, widowed, married, divorced, widows 2 divorced widows
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 2 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 1 16 hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

MOTHER FATHER
12. Name _____
13. Birthplace Jackson 9 (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Jackson 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Beem

(b) Address 3200 Northledge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (Month) (Day) (Year)

(c) Place: burial or cremation Plateau Mo

18. (a) Signature of funeral director Martin J. Brown

(b) Address Plateau Mo

19. (a) 11-25-43 (Date received local registrar) J. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kan City (If outside city or town limits, write "RURAL")
(d) Street No. 3200 Northledge (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 43 hour 5 a.m. minute M.

21. I hereby certify that I attended the deceased from June 3, 1943, to Nov 18, 1943

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to arteriosclerosis

Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
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) (e) Means of injury _____

23. Signatures: J. E. Brown (M. D. or other) _____
Address: 3200 Northledge Date signed 11-25-43

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..... *R E Snow*

Licensed Embalmer No. *2560*

P. O. Address..... *12C My*

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.