

FILED AUG 15 1944

Registration District No. 22

Primary Registration District No. 1020

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

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: Memorial Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years  
(Specify whether years, months or days)

In this community 45 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. Memorial Home 1120 Main  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary S. Beeler

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 17 years (Day) (Year)

7. Birth date of deceased April 17 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>15</u>	hr. min.

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

10. Usual occupation retired nurse

11. Industry or business

12. Name George W. Beeler

13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Wright

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

16. (a) Informant Memorial Home Records

(b) Address 1120 Main

17. (a) burial (b) Date thereof 8/4/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo.

18. (a) Signature of funeral director Walter B. Bole & Bowman

(b) Address 319 South 10th

19. (a) 8/4/44 (b) Walter B. Bole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2  
year 1944 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 26, 1944 to Aug 2, 1944  
that I last saw her alive on Aug 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis general arterio-sclerotic kidney

Due to accident

Due to Uremia July 29, 1944

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 13/a

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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. Signature W. C. Ferris, M.D. (M. D. or other)  
Address St. Joseph Mo Date signed 8-3-44

Dr. Earl Benson  
722 1/2 Francis

**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: Frank A. Bowman

Licensed Embalmer No. 1710

P.O. Address St. Joseph 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, fact should be so stated above.**