

S. No. 2  
M-5-43  
5-17-39  
X36877

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **20151**  
Registrar's No. **2565**

Registration District No. **197** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **St. Joseph Hospital**  
(d) Length of stay: **since 4-29-46**  
In this community **50 yrs.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **1205 West 59th St.**  
(e) Citizen of foreign country? **no.**

3. (a) PRINT FULL NAME **Mrs. Flora Beil**  
(b) If veteran, name war **no.** (c) Social Security No. **no.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **9** year **1946**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Dr. J. Wallace Beil**  
6. (c) Age of husband or wife if alive **unk.** years  
7. Birth date of deceased: **October 10, 1880**

21. I hereby certify that I attended the deceased from **1940** to **1946**  
that I last saw **her** alive on **June 9** 19**46**  
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **7** Days **29** If less than one day hr. min.

Immediate cause of death: **Hypertensive heart Disease**  
Duration: **?**

9. Birthplace **Missouri**  
10. Usual occupation **at home**

Other conditions: **Peritonitis**  
Major findings: **intestinal obstruction, inflammation, hypertensive heart and peritonitis**

MOTHER FATHER  
11. Industry or business **x**  
12. Name **Serald Mc Croskey**  
13. Birthplace **Kentucky**  
14. Maiden name **Madal Wyne**  
15. Birthplace **Kentucky**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Dr. J. Wallace Beil**  
(b) Address **1205 West 59th St., K. C., Mo.**  
17. (a) **burial** (b) Date thereof **6-11-46**  
(c) Place: burial or cremation **Mt. Washington Cemetery**  
18. (a) Signature of funeral director **Stine & McClure**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**  
19. (a) **6-11-46** (b) **Thereldine Holmes**

23. Signature **Wm R Jackson** (M. D. or R. N.)  
Address **1107 Bryant** Date signed **6/10/46**

(Licensed Embalmer's Statement on Reverse Side)

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

*By my cert  
B. C. G.*

Dr. Wm. R. Jackson  
Dr. Pipkin

**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 *J. Blair Shippard*  
Licensed Embalmer No. *4179*  
P. O. Address *R. C. 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, fact should be so stated above.**