No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30719

Registration District No. 72 Primary Registration District No. 3618 Registrar's No. 164

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City, Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home 2105 Erie St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2105 Erie St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME WOODWORTH HAGAN BEAL
3. (b) If veteran, name war X
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beatrice Beal
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June (Month) 14 (Day) 1872 (Year)

8. AGE: Years 75 Months 2 Days 18 If less than one day X hr. X min.

9. Birthplace Paola Beal (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Supt. K.C. Flour Mills
11. Industry or business same as above
MOTHER FATHER
12. Name Ausman Beal
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
14. Maiden name Ann Hagan
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Beatrice Beal
(b) Address 2105 Erie St., N.K.C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada, Mo.
18. (a) Signature of funeral director Morton-Smith's FH
(b) Address 832 Armour Rd. N.K.C. Mo.
19. (a) Sept 4th 1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2nd year 1947 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept. 1, 1947 to 9-2, 1947 that I last saw him alive on 9-2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease — Duration 10 yr
Due to Ben. Arterio-sclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations NK
Of autopsy NA

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 9-4-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-24-47

NOV 3 1947

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 Chester L. Fleming Registered Apprentice No. 47 working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address N.-K.C. 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.