

S. No. 2
-12-45
5-17-39
PI X47070

FILED NOV 7 1947

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1011 North Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 years (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 North Main Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LOVINA H. BEEM

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alonzo J. Beem

6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day

87	8	21	hr. min.
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9. Birthplace Anamosa, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John G. Joslin

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

14. Maiden name Sarah Maple

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

16. (a) Informant Mrs. Maude Larson

(b) Address Independence, Missouri

17. (a) Removal (b) Date thereof 10/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anamosa, Iowa

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) 10-29-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1947 hour 5:57 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept. 10, 1947, to Oct 28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of sigmoid colon

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

Of autopsy Carcinoma of sigmoid colon

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Independence, Mo. Date signed 10/29/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Stanley W. Sinton....., Registered Apprentice No. *448*
working under my personal supervision.

Signed *Robert P. Speaks*.....

Licensed Embalmer No. *3604*.....

P. O. Address *Independence, 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.