FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23026
Registrar's No. 2930
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 27th & Englewood Terrace 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME RAYMOND C. BEAL
3. (b) If veteran, name war No
3. (c) Social Security No. 487-05-4292
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Emma Beal
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased September 11, 1903 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	10	4	hr. min.

9. Birthplace New Cambria, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Steel Worker
11. Industry or business Sheffield Steel Corp.
FATHER
12. Name Lincoln Beal
13. Birthplace West Haven, Va. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabelle Turner.
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Beal.
(b) Address 27th & Englewood Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Cambria Mo
18. (a) Signature of funeral director Dixon L. Kelly
(b) Address Independence, Missouri.
19. (a) 7-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1948 hour 8 minute 33 a.m.
21. I hereby certify that I attended the deceased from July 1st 1st, 1948, to July 15, 1948, that I last saw him alive on July 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to renal insufficiency	
Due to metastatic carcinoma of liver primary carcinoma intestinal to sternum	
Other conditions: Include pregnancy within 3 months of death	
Major findings: Of operations 46	
Of autopsy carcinoma of liver & bone	

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) 2
While at work? (e) Means of injury
23. Signature Earle G. Sperry (or other) WO
Address 10307 Independence Ave Kansas City Mo Date signed 7/15/48

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

WRITE PLAINLY

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence, Missou

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.