FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35617

Primary Registration District No. 1000

Registrar's No. 1181

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: ~~Washington~~ St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 809 Hall St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 6 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 809 Hall St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Kathleen Agnes Beach
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: Widowed
6. (b) Name of husband or wife: George
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February 20, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	11	hr. min.

9. Birthplace: Kankakee Illinios (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
MOTHER FATHER
12. Name: Thomas O'Beirn
13. Birthplace: Unknown Ireland (City, town, or county) (State or foreign country)
14. Maiden name: Catherine Deveroux
15. Birthplace: Monteral Canada (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Wesley Cummings
(b) Address: 809 Hall St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/4/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Lenox, Iowa
18. (a) Signature of funeral director: Herman W. Gedenfadu
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 11-8-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st year 1948 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 5, 1947, to Nov 1, 1948 that I last saw h. alive on Oct 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ~~Cab~~ Cerebral Embolism	1 day
Due to: Aortic and mitral Valvular Insufficiency	unknown
Due to:	
Other conditions: Arteriosclerosis generalized Diabetes	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

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

23. Signature: Guy Redmond (M. D. or other) MD
Address: St. Joseph, Mo. Date signed: 11/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~ .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed. Robert L. Gaph

Licensed Embalmer No. 3308

P. O. Address. St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.