

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23300

State File No.

3062

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 7 YEARS		d. STREET ADDRESS (If rural, give location) 3540 Virginia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3540 Virginia			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Beale c. (Last) Beale			4. DATE OF DEATH (Month) (Day) (Year) 7/10/49		
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 26 1874	9. AGE (In years last birthday) 75 YEARS	IF UNDER 1 YEAR Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LEAVENWORTH KANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown BEAL	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mrs. unknown BEAL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 499-10-5675A	17. INFORMANT'S SIGNATURE OR NAME Jackson County Coroner ADDRESS COURTHOUSE KANSAS CITY MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No Relative to Sign Post Permit	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens Coroner	23b. ADDRESS 2-1034 Rialto Bldg.	23c. DATE SIGNED 7-12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE JULY 14 1949	24c. NAME OF CEMETERY OR CREMATORY DW. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 7-14-49	REGISTRAR'S SIGNATURE Seraldine Palmer	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer Sons, K. C. MO. ADDRESS 1331 SOUTH CREEK BLVD.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

F. S. Walton

Signed _____
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address. *R. 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.