

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37106
4926

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY / c. LENGTH OF STAY (in this place) 2 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION HOME 1311 Woodland				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, Mo. d. STREET ADDRESS (If rural, give location) 1311 WOODLAND				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W c. (Last) BEALER			4. DATE OF DEATH (Month) (Day) (Year) 11 20 49					
5. SEX M	6. COLOR OR RACE 2 NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1843	9. AGE (in years last birthday) 106	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME TOM BEALER		13b. MOTHER'S MAIDEN NAME DONT KNOW		14. NAME OF HUSBAND OR WIFE WIDOWED - unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Green, 1311 Woodland				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Parenchymatous Nephritis Uraemia Hyperkalemia Heart Disease DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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 Nov 13-49, 19 to Nov 20-49, that I last saw the deceased alive on Nov 20, 1949, and that death occurred at 10:15 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Geo. W. Hedgepeth (Degree or title) M.D.				23b. ADDRESS 1619 E 12th St. W.C. Mo		23c. DATE SIGNED 11/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-21-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.		
DATE REC'D BY LOCAL REG. 11-21-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rhymer & Greenstreet, 1819 E. 15th				

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 2 1949

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.

Student
Student Embalmer

Signed *W. G. Flynn* _____

Licensed Embalmer No. *4383* _____

P. O. Address *1819 E. 15th* _____

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.