REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17801
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township City
(c) City Kansas City, Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No. 2203
(d) Street No. St. Joseph Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beam, Wm. B.
(a) Residence, No. 3718 E. 9th Str. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Margaret Beam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12th 1886

7. AGE: Years 53 | Months 3 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bldg. Mgr.
9. Industry or business in which work was done, as saw mill, bank, etc. R.A. Long Bldg.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME John Beam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Hattie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. W.J. Caldwell
(ADDRESS) K.C. Kans. Ch. 5363

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Calvary Cem. DATE 5/29/39, 19

19. FUNERAL DIRECTOR (NAME) J.F. Cayberry
(ADDRESS) 2315 Linwood Blvd.

20. FILED May 28, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1930, to May 26, 1939
I last saw him alive on May 25, 1939. Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerotic Cirrhosis	1930
34	

Other contributory causes of importance:
Lues

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul V. O'Rourke, M. D.
(Address) 1402 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.:.....

P. O. Address.....

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, above space should be left blank.