

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4419

1. PLACE OF DEATH: 2  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: At Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lillie E. BEAVEN 151  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe - 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas A. Beaven 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 22, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>25</u>	hr. min.

9. Birthplace St. Mary, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Retired

12. Name A J HUDD

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Murrell  
(City, town, or county) (State or foreign country)

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Merium Beaven

(b) Address 3336 Chestnut, K. C. Mo.

17. (a) CBURY (b) Date thereof 11/20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hellidy-McGilley  
(b) Address K. C. Mo.

19. (a) Nov 20, 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3336 Chestnut Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 17 th  
year 1939 hour 1:00 minute A.M. M.

21. I hereby certify that I attended the deceased from 1927  
\_\_\_\_\_, 19\_\_\_\_, to Nov 17, 1939.  
that I last saw her alive on Nov 17, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus Duration 6-70

Due to: Pericardial Adhesions 12/4/38

Due to: 59

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Allen S. Hearst (M. D. or other) \_\_\_\_\_  
Address 1100 Prof. Bldg Date signed 11-20-39

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

FORM 2-17-35

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.

---

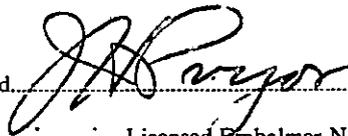
---

**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. 2799

P. O. Address..... KC

**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.**