

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1007 West 70th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 1007 West 70th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1940 hour 5 minute A.
21. I hereby certify that I attended the deceased from Nov. 13th 1939 to May 22nd 1940
that I last saw him alive on May 21st 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension & Arteriosclerosis
Duration: 4 Days
Other conditions: 820
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations:
Of autopsy:
Underlines 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 James D. Smith (M. D. or other) _____
Address 318 Professional Bldg. Date signed 5/22/40

8. (a) PRINT FULL NAME Mr. William Beddoes **320**

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Carolyn M. Beddoes 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: December 31 1960
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Newark Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar Maker and Employee

11. Industry or business Street Railways Co.

MOTHER FATHER { 12. Name Captain William Beddoes

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

14. Maiden name Margaret Williams

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

16. (a) Informant Wallace M. Nail

(b) Address 1007 W 70th St

17. (a) Burial (b) Date thereof May 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director W. M. Newcome's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) May 22, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City - 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, above space should be left blank.