

2
0-39
-39
21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17677**
Registrar's No. **2204**

Registration District No. **100**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
615 East 47th Street,
(d) Length of stay: in hospital or institution NO.
In this community Unknown.

3. (a) PRINT FULL NAME Kenneth M. McBeath, 213
8. (b) If veteran, name war Yes, World War 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arlie M. McBeath, 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 3 1895

8. AGE: Years 45 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Washington,

10. Usual occupation Tree Surgeon,

11. Industry or business X

MOTHER FATHER { 12. Name Duncan Archibald McBeath,
13. Birthplace Canada,
14. Maiden name Rebecca Mowat,
15. Birthplace Canada,

16. (a) Informant Mrs. Arlie M. McBeath,
(b) Address 615 East 47th Street, K.C., Mo.

17. (a) Cremation (b) Date thereof 5-29-40
(c) Place: burial or cremation Elmwood Cemetery.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) May 29 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(d) Street No. 615 East 47th St.,
(e) If foreign born, how long in U. S. A.? NO. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1940 hour 5:30 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Fibrous Myocarditis
Due to Cornary Atherosclerosis
Other conditions 93e
(Include pregnancy within 3 months of death)

Major findings: Of operations.
Of autopsy:

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?

23. Signature Russell W. [unclear] (M. D. or other) 5
Address [unclear] Date signed

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.....

working under my personal supervision.

Henry S. Weaver, Jr. Registered Apprentice No. *222*

Signed *[Signature]*

Licensed Embalmer No. *1415*

P. O. Address *15 E. 2nd*

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.