

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
111 N. Lawn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **16 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **111 N Lawn**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **David Shepley Beets**
370
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Iva N. Beets** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **Aug. 28, 1864**
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **3** If less than one day hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown** 9
13. Birthplace **Unknown** 5
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown** 8
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **D.W. Beets**
(b) Address **111 N Lawn, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **June 3, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Moriah Cem.**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**
(b) Address **2825 Independence Blvd. K.C. Mo.**

19. (a) **June 2, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
year **1940** hour **11** minute **A** M.
21. I hereby certify that I attended the deceased from **May 30**
19**40** to **May 31** 19**40**
that I last saw him alive on **May 30** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Haemorrhage
Due to **Arterio Sclerosis**
Due to **8/20**
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **F. H. Evans** (M. D. or other)
Address **520 Argyle** Date signed **6/1-40**

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

Dr. Evans on Van Brunt.

1793

120 North Seventh

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

H. D. Blackman

Licensed Embalmer No.

3639

P. O. Address

K. C. 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.