No. 2
-13-40
17-39
X23159

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

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30967

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3530

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: 4510 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 3 Years
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 limits, write "RURAL")

(d) Street No. 4510 Paseo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Beatrice M. Kays
Beatrice M. Kays

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin V. Kays

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug. (Month) 5 (Day) - 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	1	2	hr. min.

9. Birthplace Tama County (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name Charles Kinner 1
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lorena Mourey
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Benjamin V. Kays
(b) Address 4510 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Roe-Walter
(b) Address 7406 Wornall Road

19. (a) Sept. 9, 1940 (Date received local registrar) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th year 1940 hour 4 minute — P.M.

21. I hereby certify that I attended the deceased from March, 1940, to Sept 7, 1940; that I last saw her alive on Sept 1, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Melanosarcoma Generalized abdominal metastases	6 months
Due to Melanosarcoma of skin - medial side left knee	
Due to	
Other conditions Cachexia (Include pregnancy within 3 months of death) 5 D	

Major findings:
Of operations Biopsy proven -
Of autopsy none

PHYSICIAN — 5 D
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?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature M Johnson (M. D. ~~or other~~)
Address K.U. Hosp 39th Rainbow Date signed 9-9-40

(Licensed Embalmer's Statement on Reverse Side)

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 Harlyn Roe, Registered Apprentice No. ..... working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2510

P. O. Address 15 E. Mw.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.