

NOV 1 1940
Registration District No. _____

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: Research Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)

In this community _____ years, months or days

8. (a) PRINT FULL NAME Jaynean Beal
(b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 1 hr. min

9. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Jewell Beal

13. Birthplace Blue Springs, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name La Valle McCallum

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

16. (a) Informant Jewell Beal

(b) Address 826 W. Van Horn

17. (a) Burial (b) Date thereof 10-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Mo.
10-27-40 (c) M. M. Browe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 826 W. Van Horn
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 24, 1940, to Oct. 25, 1940,
that I last saw her alive on Oct 25, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy & dilatation of heart with

Due to Cerebratory collapse 1 day

Due to 45 B²

Other conditions Paralytic ileus 1 day
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Hypertrophy & dilatation of heart & Paralytic ileus jejunum

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Death not
(b) Date of occurrence Due to external causes

(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) (e) Means of injury _____

23. Signature Seymour J. Kramon (M. D. or other) M.D.
Address Independence, Mo Date signed Oct 26, 1940

Duration
Physician

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3604

P. O. Address Indep. 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.

Was the heart condition in this child
congenital?

If operation was performed please give
the date.

Your prompt reply will be appreciated by;

Bureau of Vital Statistics
City Hall
Kansas City, Missouri

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34088

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4104

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

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town Independence
(If outside city or town limits write "RURAL")
(d) Street No. 826 W. Van Horn Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Jaynean Beal

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months _____ Days _____ If less than one year, hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10/27/40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

NECROLOGICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th
year 1940 hour _____ minute _____ M. _____

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

Immediate cause of death Hypertrophy and dilatation of heart with
Circulatory collapse 1 day

Due to no congenital deformity of the heart
Due to _____

Other conditions Paralytic ileus 1 day
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy Hyper of and dilatation of heart, paralytic ileus of jejunum

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 Seymour J. Krawson (M. D. certified)

Address SEYMOUR J. KRAWSON Date signed 1-21-41

Captain, M. C., 1st Cavalry, Ft. Bliss, Texas

SUPPLEMENTAL

Duration
1 day
1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.