. 2
0-39
-39
21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37614

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4212

FILED DEC 1

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: Midland Theatre; (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 58 yrs. 3

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.: 915 Harrison Street (If rural, give location)

0

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

3. (a) PRINT FULL NAME: FRANK BECK

3. (b) If veteran, name war: None

3. (c) Social Security No.: 495-05-4209

4. Sex: Male

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: June (Month) 18 (Day) 1882 (Year)

8. AGE: Years 58 Months 3 Days 14 If less than one day hr. min.

9. Birthplace: Kansas City, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Engineer

11. Industry or business: Midland Theatre 1

FATHER 12. Name: James W. Beck

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

MOTHER 14. Maiden name: Mary A. Barrett

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

16. (a) Informant: Mr. Joseph Beck

(b) Address: 1719 Prospect St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 (Month) 5 (Day) 40 (Year)

(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Wallert Funeral Home

(b) Address: 2332 Monitor Place K. C. Mo

19. (a) 11-5-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-2-40 day year hour minute 1:30 P. M.

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

Immediate cause of death: Acute pulmonary congestion — Duration

Due to: Diffuse myocardial fibrosis

Due to: Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death): 93C

Major findings: Of operations:

Of autopsy: Yes

PHYSICIAN — 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

23. Signature: [illegible] (M. D. or other)

Address: K. C. Mo. Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Cl

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

If this body is not embalmed, above space should be left blank.