

FILED JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4671

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

1. PLACE OF DEATH: 3
(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: 3660 Summit Street (Convalescent Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether
In this community 6 Months
years, months or days)

3. (a) PRINT FULL NAME Mr. Orlando Truman Beeson
8. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kate S. Beeson
6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased August 16 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Insurance

MOTHER FATHER { 12. Name Richard Beeson
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hussey
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Richard H. Beeson
(b) Address 7301 West Parkway

17. (a) Removal (b) Date thereof Dec. 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osawatomie, Kansas

18. (a) Signature of funeral director D. M. Newcome
(b) Address 1401 Brush Creek Blyd.

19. (a) 12-9-40 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Miami
(c) City or town Osawatomie
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1940 hour 8 minute 07A M. M.

21. I hereby certify that I attended the deceased from Oct 3rd
1940 to Dec 7th, 1940
that I last saw him alive on Dec 7th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Seizure & Chr. Hypertrophic Arteritis
Due to _____
Due to 5/12

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

Duration
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 sign) _____
(a) Means of injury _____
While at work? _____
23. Signature James D. Smith (M. D. or other) _____
Address 318 Professional Bldg Date signed 12/9/40

*Re: James B. Loma
Prof: B...*

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 George M. Collier

Licensed Embalmer No. 3839

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.