S. No. 2
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2841

FILED JAN 25 1941

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 414 N. 3 Osage (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3½ yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 4

(c) City or town Independence Mo 4 (If outside city or town limits, write "RURAL")

(d) Street No. 10509 E 15th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas J. Beatty

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Wht

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife —

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

7. Birth date of deceased Aug (Month) 27 (Day) 1867 (Year)

8. AGE: Years 73 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Contractor & Farmer

11. Industry or business

FATHER
12. Name Steven R. Beatty
13. Birthplace — (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Emma Allen
15. Birthplace — (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs O'Tier

(b) Address 10509 E 15th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo Cemetery

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

(b) Address Independence, Mo.

19. (a) Jan. 11. 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 6th, 1941, to Jan 9th, 1941; that I last saw him alive on Jan 8th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis and mitral insufficiency	
Due to with lost compensation	2 wks
Due to Chronic interstitial nephritis	unknown
Other conditions Chronic cystitis (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations 13 1/8
Of autopsy Large vesical calculus size of hen egg

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? 360 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J. N. Hill, M.D. (M. D. or other) D

Address 1438 Hedges Ave Date signed Independence, Mo

(Licensed Embalmer's Statement on Reverse Side)

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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 Roland R. Spinks

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 wit the above constitutes grounds for revocation of license.)

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