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FILE

JUL 10 1941 85
Registration District No. _____

Primary Registration District No. 1001

Registrar's No. B 578

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3107 South 24th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 3107 South 24th Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Wesley (Jack) Beam
 (b) If veteran, name war None
 (c) Social Security No. 491-10-2872

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 3
 year 1941 hour 5:00 minute :15 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carrie Beam
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased January 2 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-2, 1941, to 6-3, 1941;
 that I last saw him alive on 6-2, 1941;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	5	1	hr. _____ min.

Immediate cause of death _____

9. Birthplace Sarahsville Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation Miller
 11. Industry or business Feed Mills

Due to Lymphoblastoma ?
 Other conditions 5/2
(Include pregnancy within 3 months of death)

MOTHER FATHER {
 12. Name George W. Beam
 13. Birthplace Unknown W. Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth Clary
 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations ho
 Of autopsy ho

16. (a) Informant Carrie Beam
 (b) Address 3107 So. 24th St.
 17. (a) Burial (b) Date thereof 6-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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?
45

(c) Place: burial or cremation Register Cemetery
 18. (a) Signature of funeral director Walter H. Bauman
 (b) Address 319 South 10th Street
 19. (a) June 4 1941 (b) W. D. Smith
(Date received local registrar) (Registrar's signature)

(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature E. J. Gross (M. D. or other) Dr.
 Address 5008 W. King Hill Date signed 6-7-41

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

1907 South Sixth
Cincinnati
Ohio

THE BOARD
OF EXAMINERS
1107 North Race St.

43 Years

John Wesley (Jack) Beam

1941
5:00
1:1

421-10-2725

one

Married White Male

Cottie

Beam
January 2 1932

1 2 28

Ohio

Sarsheville

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 6/3/4

working under my personal supervision.

Signed Wm E. Zimmerman

12-2-3 Licensed Embalmer No. 2007

Address 719 So 10th Joseph

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, fact should be so stated above.