

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3037

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether 0)
In this community 28 years (years, months or days)

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. 2122 Penn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from
8-9-41, 19 to 8-11-41, 19 ;
that I last saw him alive on 8-11-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____
Due to 93A

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None
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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Druey R. Thom (M. D. or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME FRANK BEARD

3. (b) If veteran, name war none 3. (c) Social Security No.

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

6. (b) Name of husband or wife Kathie 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept 21 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Contractor

11. Industry or business _____

12. Name John Beard

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

14. Maiden name Georgia Anson

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

16. (a) Informant Frank Beard

(b) Address 7346 High Ave

17. (a) Burial (b) Date thereof 8-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shamney Park

18. (a) Signature of funeral director Haward P. ...

(b) Address 3146 ...

19. (a) 8/12/41 (b) M. M. ...
(Date received local registrar) (Registrar's signature)

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

2080

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.....

Howard J. Roe

Licensed Embalmer No..... ~~374~~ 274

P. O. Address.....

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.