

Registration District No. 377

Primary Registration District No. 1002

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 15 Years (Specify whether 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. 3826 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th
year 1941 hour 2 minute 05 A. M.
21. I hereby certify that I attended the deceased from 8-17-41
to 8-18-41
that I last saw him alive on 8-15-41
and that death occurred on the date and hour stated above.

Immediate cause of death acute meningitis
encephalomyelitis-lytic
encephalomyelitis-lytic
Duration 24 hr

Due to course unknown until further autopsy studies
Due to 300
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mr. Harold Clyde Beaman

3. (b) If veteran, name war No
3. (c) Social Security No. 495-05-1202

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 December 31 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 18
If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business General Motor Truck Line

12. Name Lemuel C. Beaman

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

14. Maiden name Lenora Lee

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

16. (a) Informant Norman L. Beaman

(b) Address 6100 Blue Hills Road

17. (a) Burial (b) Date thereof Aug. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Cemetery Windsor, Missouri

18. (a) Signature of funeral director O. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/19/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 K. W. Carbaugh (M. D. or other)
Address Union, Mo. Date signed 8-18-41

1-5-
4509 N. 50
Highway

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 *H.C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address. *H.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, fact should be so stated above.