No. 2
-1-4-41
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 379

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30563

Registrar's No. 3320

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:
in alley at 1015 Jefferson Street
(If not in hospital or institution, write street number or location)

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

In this community 23 years, 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1015 Jefferson Street
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LEWIS W. BEARD

3. (b) If veteran, name war no.

3. (c) Social Security No. 499-10-5537

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife x

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

7. Birth date of deceased May (Month) 4 (Day) 1913 (Year)

8. AGE: Years 28 Months 4 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Chauffeur,

11. Industry or business x

FATHER
12. Name Lewis W. Beard,
13. Birthplace (City, town, or county) Missouri, 0 (State or foreign country)

MOTHER
14. Maiden name Zella Golden,
15. Birthplace (City, town, or county) Missouri, 0 (State or foreign country)

16. (a) Informant Mrs. Zella Golding,
(b) Address 808 Lydia, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 9-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9/5/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 9-4-41
year ___ hour ___ minutes ___ M.

21. I hereby certify that I attended the deceased from 3 a
Deputy Coroner
___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemoperitoneum
Rupture of the spleen

Due to Hemothorax

Due to Perforation of left lung

Other conditions Injury by fall
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a

Of autopsy 38

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) Do not know
(b) Date of occurrence 9-4-41
(c) Where did injury occur? K.C. (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell from Frogel window
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 2
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.