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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37435

Registrar's No. 4230

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: 4964 Virginia (If not in hospital or institution, write street number or location)

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

In this community 35 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. 4964 Virginia (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Beasley

3. (b) If veteran, name war xx

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Clinton C. Beasley

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

7. Birth date of deceased June (Month) 26 (Day) 1858 (Year)

8. AGE: Years 83 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Henry Thompson

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

14. Maiden name No Record

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

16. (a) Informant Ernest R. Beasley

(b) Address 4964 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-14-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1941 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from 1939, 19, to 11-13, 1941; that I last saw her alive on 11-13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia both lungs

Due to ?? 47 B

Due to

Other conditions Bronchogenic Cancer (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 924 Prof Bldg Date signed 11-14-41

(Licensed Embalmer's Statement on Reverse Side)

1848-11

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.