

FILE SEP 3 1949

Registrar's No. 3113

Registration District No. _____

Primary Registration District No. 1002

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. Lukes Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community 55 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3646 Prospect Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Beedle

3. (b) If veteran, name war. No. _____ 3. (c) Social Security No. 495-05-5472

4. Sex Fe. / 5. Color or race Wh. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. xxx 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 13 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 34 If less than one day _____ hr. _____ min.

9. Birthplace Olathe Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Mgr. Wolferman

11. Industry or business _____

12. Name Wm. B. Beedle
13. Birthplace Mt. Washington Vir. /
(City, town, or county) (State or foreign country)
14. Maiden name Esther R. Breyfogle
15. Birthplace Deleware Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Yost
(b) Address 3646 Prospect K.C. Mo.

17. (a) Burial (b) Date thereof Aug. 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 8-19-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17.
year 1942 hour 8:12 minute 19-30 AM.

21. I hereby certify that I attended the deceased from 8/12/42
to 8/17/42
that I last saw her alive on 8/17
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatous

Due to Ca. of sigmoid
Due to 46E

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy as above

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 Thos A. Maclean (M. D. or other) M.D.
Address 315 Alameda St. Date signed 8/17/42

48
3
5
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

C

*MPC Clinic
Blayne, NV 89004*

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..... *Chas Wilks*
.....
Licensed Embalmer No. *2644*
P. O. Address. *1800 Junwood*

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.