

FILED OCT 20 1942

3697

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

48  
3  
8

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

1. PLACE OF DEATH:

(a) County Kansas  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mercy Hospital  
(If not in hospital or institution, write street, number or location)  
(d) Length of stay: In hospital or institution 6 Days  
In this community 7 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural Blue Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Spring Branch Rd 3 miles East  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country no

3. (a) PRINTN FULL NAME N. STEWART BEEBE III

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

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

6. (b) Name of husband or wife. None  
6. (c) Age of husband or wife if alive. None years

7. Birth date of deceased Feb. 25, 1935  
(Month) (Day) (Year)

8. AGE: Years 7 Months 87 Days 12  
If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name N. Stewart Beebe Jr.  
13. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Margaret M. Wetherwax  
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant N. Stewart Beebe Jr.  
(b) Address RR3 Box 324 Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.  
18. (a) Signature of funeral director Geo. E. Carson  
(b) Address Independence, Mo.

19. (a) 10-8-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
year 1942 hour 5:35 minutes 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Polio-encephalitis & respiratory failure  
Due to \_\_\_\_\_  
Due to 36

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy congestion & edema of the brain

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. M. ... (M. D. or other) M.D.  
Address 16 2nd Ave. ... Date signed \_\_\_\_\_

OCT 23 1942

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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.....

*Floyd C. Carson*

Licensed Embalmer No. *4699*

P. O. Address *Independence*

**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.