

Registration District No. **FILED JAN 11 1943**

Primary Registration District No. **1002**

Registrar's No. **4904**

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:
6818 Bell Fountain 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) **4 years**

2. USUAL RESIDENCE OF DECEASED: **Jackson**

(a) State **Missouri** (b) County **Buchanan**

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

(d) Street No. **6818 Bell Fountain**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Mary Agnes Beauchamp**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Perry Beauchamp**

6. (c) Age of husband or wife if alive **43 years**

7. Birth date of deceased **June 21 1899**
(Month) (Day) (Year)

8. AGE: Years **43** Months **6** Days **89**
If less than one day hr. min.

9. Birthplace **Agency Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Matt Kennan**

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

14. Maiden name **Francis Hoff**

15. Birthplace **St Joseph Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ma Perry Beauchamp**

(b) Address **6818 Bell Fountain Kansas City Mo**

17. (a) **Removal** (b) Date thereof **Dec 30 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Joseph Mo**

18. (a) Signature of funeral director **Wm J. Schupaden**

(b) Address **1219 1/2 Union St Joseph Mo**

19. (a) (Date received local registrar) **12/30/42** (b) **M. M. Crow** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**
year **1942** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **12/29/42** 19... to **12/30/42** 19...
that I last saw **her** alive on **12/30/42** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: **General Metastatic Carcinoma**

Due to **Carcinoma of Breast operated 1939**

Due to **50**

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.

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 **W. J. Schupaden** (M. D. or other).....
Address **80 E. Pades** Date signed **12/30/42**

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

701 13

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..... *John H. Dunley*
Licensed Embalmer No..... *405-D*
P. O. Address..... *St. Joseph, 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.