

FILED JAN 23 1943
Registration District No. 133

Primary Registration District No. 5574

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Warrenburg Twp
(c) Name of hospital or institution:
1/2 mi East of road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 day
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Kenneth Beeler

3. (b) If veteran, name war World

3. (c) Social Security No 492-14-2957

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Burns Beeler 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Dec 30 - 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Grant (City, town, or county) Kan 1 (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business

MOTHER FATHER

12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edith Beeler
(b) Address Warrensburg Mo

17. (a) Rural (b) Date thereof Jan 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Springs Mo

18. (a) Signature of funeral director Wilcox Funeral Service
(b) address Warrensburg Mo

19. (a) Jan 16, 1943 (b) Mrs. Clifford Hunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14
year 1943 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from 19
Cosover 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic fibrous myocarditis
acute pulmonary edema
Due to.....

Other conditions (Include pregnancy within 3 months of death)
Major findings: 930
Of operations.....
Of autopsy see above

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 Beeler (M. D. or other)
Address N.C. Mo Date signed 1/14/43

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FEB 2 1943

FEB 8 1943

FEB 24 1943

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.....

W B Longford

Licensed Embalmer No..... *7833*

P. O. Address..... *2006 Summit Ave*

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.