

FILED MAR 31 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1383

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 40 years
(Specify whether 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. 1433 Park
(If rural, give location)

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

3. (a) PRINT FULL NAME Theodosia Beck

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased March - 21 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>65</u>	<u>11</u>	<u>29</u>
				hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Swienheart;

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

14. Maiden name Ruthern Elliott

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

16. (a) Informant Mrs. Richardson

(b) Address 2310 Monroe

17. (a) Burial (b) Date thereof 3-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Quint T. Tobin

(b) Address 755 N. My.

19. (a) 3-22-43 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1943 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-17-43, 19... to 3-20-43, 19...
that I last saw her alive on 3-20-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death ENCEPHALOMALACIA

Due to 82

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy See 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?.....
(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 Dr. R. Thom (M. D. or other).....
Address Ed. Br. K.C. Gen. Hospital Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.