

FILED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3320

1. PLACE OF DEATH:

(a) County Jacks on

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jacks on

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

(d) Street No. 1403 Jarboe
(If rural, give location)

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

3. (a) PRINT FULL NAME Beaty Infant

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

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

7. Birth date of deceased July 13 43
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1943 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 13, 1943 to July 14, 1943; that I last saw him alive on July 14, 1943; and that death occurred on the date and hour stated above.

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

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

Immediate cause of death prematurity

Due to _____

Due to _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name John Thomas Beaty

13. Birthplace Los Angeles California

14. Maiden name Helen Dorothy Ifty

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant 1403 Bellview

(b) Address _____

17. (a) Burial (b) Date thereof 8-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke

18. (a) Signature of funeral director Wm. A. Brown

(b) Address City, Missouri

19. (a) 7-31-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Amey R. Johnson (M. D. or other) _____
Address _____ Date signed _____

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

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.