

Registration District No. **149**

Primary Registration District No. **1002**

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: **General Hospital #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8/11-8/17/43**  
(Specify whether  
In this community **32 Years**  
years, months or days)

3. (a) PRINT FULL NAME **ELMA BEVERLY**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **496-10-8519**

4. Sex **Female** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Separated**  
6. (b) Name of husband or wife **Jas. Beverly**  
6. (c) Age of husband or wife if alive **Unk.** years  
7. Birth date of deceased **July 15 1889**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **1** Days **2**  
If less than one day  
hr. min.

9. Birthplace **Memphis Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER

12. Name **Henry Horton**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Beizora Solomon**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital #2**

17. (a) **burial** (b) Date thereof **8/27/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Hatkins Boss**

(b) Address **1729 Lydia**

19. **Aug 27 1943** (b) **H. Brown, Reg**  
(Date received local registrar) (Registrar's signature)

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. **1400 Troost--Apt. 29**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **17**  
year **1943** hour **2:20** minute **P** M.

21. I hereby certify that I attended the deceased from **August 11 1943** to **August 18 1943**  
that I last saw her alive on **August 18 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cachexia and Inanition**  
Duration

Due to **Primary Adeno-carcinoma of stomach**

Due to **46 1/2**

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 name of place) (b) Means of injury

23. Signature **H. Brown** (M. D. or other)

Address **Gen. Hosp. #2-600 E. 22nd St.** Date signed **8/18/43**

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

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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..... *J Jerome Maxlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

**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.**