S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33702

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4464

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:
547 1/2 Main
(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)
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 547 1/2 Main
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME James E. Beaty
3. (b) If veteran, name war unknown
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased unknown (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation Unknown
11. Industry or business .....
FATHER
12. Name .....
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name .....
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Coroners Office
(b) Address KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys
18. (a) Signature of funeral director Peter B Rosetum
(b) Address KC
19. (a) 10-27-43 (Date received local registrar) (b) R. E. Brown Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16th year 1943 hour One minute 14 P.M.
21. I hereby certify that I attended the deceased from Coroner 19..., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to .....

Due to .....

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

Major findings: Of operations .....

Of autopsy Negative to heart

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? (Specify type of place)
While at work .....
(e) Means of injury .....
23. Signature O. J. Fitch Coroner (M. D.) 10/25/43
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.