

FILED JAN 5 1944
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: Trinity Lutheran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
Specify whether

In this community 44 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte ⁹⁹⁹

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

(d) Street No. 2333 S. Early
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mary Edmonia Beardslee

3. (b) If veteran, name war AWO

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas C. Beardslee

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 9 1878
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>65</u> | <u>11</u> | <u>7</u> | hr. min |

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

10. Usual occupation Housewife

11. Industry or business

12. Name J. Clay Smith

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

14. Maiden name Ann Alice Boles

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

16. (a) Informant Thomas C. Beardslee

(b) Address 2333 S. Early K.C.K.

17. (a) Burial (b) Date thereof Dec. 18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ol. the Kansas

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Kansas City Kansas

19. (a) 12-20-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1943 hour 1:35 minute P.M.

21. I hereby certify that I attended the deceased from 12-12
1943, 19 , to , 19
that I last saw her alive on 12-16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

1. John Pneumonia

2. Intestinal Obstruction

Due to Necrosis

3. Septic Adhesions

4. Cholelithiasis

Other conditions 126
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy As 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? (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 0

23. Signature Gerald B. Pees MD (If not other)
Address 304 Wyandotte Date signed 12-16-43
Trinity Hospital

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

MOTHER FATHER

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. H. Ward

Licensed Embalmer No.....

3991

P. O. Address.....

309 E. 67th St.

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.