DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

Registration District No. 1449

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1220

Registrar's No. 5647

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: 1226 Paseo Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1226 Paseo Blvd. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Brown Beams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Clarence Beams

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August 27, 1893
(Month) (Day) (Year)

8. AGE: Years 50 | Months 3 | Days 27 | If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace ..... (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant Ophelia D. Fullerton

(b) Address 1226 Paseo Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Avenue

19. Dec 31, 1943 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 10-1-40 12- , 1943 to ..... , 19..; that I last saw her alive on 12-24-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Disease

Due to Hypertensive Heart Disease

Due to Mitral Regurgitation

Other conditions ..... (Include pregnancy within 3 months of death) no

Major findings:
Of operations no 93d

Of autopsy none

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 J. S. Wells (M. D. or other)

Address 1605 E-18th Kc Date signed 12-27-43

(Licensed Embalmer's Statement on Reverse Side)

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. J. J. Maslove

Licensed Embalmer No. 3994

P. O. Address 2523 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.