

FILED FEB 3 1944
Registration District No. 3/1944

Primary Registration District No. 1002

State File No. _____
Registrar's No. 242

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-25-43-1-10-44
(Specify whether years, months or days)
In this community 50 years

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. 1005 E. 3rd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN BEATTY
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 10
year 1944 hour 9:45 minute A. M.
21. I hereby certify that I attended the deceased from October 25, 1943, to January 10, 1944
that I last saw him alive on January 10, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Unknown 1868
(Month) (Day) (Year)

Immediate cause of death Acute Dilatation
Duration _____

8. AGE: Years 81 Months — Days —
If less than one day hr. _____ min. _____

Due to Sclerotic Type Heart Disease

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

Due to _____

10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death) 93d

MOTHER FATHER
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(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 Record Clerk
(b) Address General Hospital No. 2

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

(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?

18. (a) Signature of funeral director J. W. Jones
(b) Address 446 State Ave.

(c) Means of injury _____
While at work? _____ (Specify type of place)

19. Jan 17 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature G. O. Turner (M.D. or other) _____
Address St. Ansgar #2-600622 Date signed 1/11/44

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.....

Engene English

Licensed Embalmer No. *4905*

P. O. Address. *4160 State ave*

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.