

FILED MAY 11 1944 / 149  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3501 College Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 75 Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City Missouri **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. 3501 College Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Martha Ellen BEAVIN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife John Beavin

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

7. Birth date of deceased June 2nd 1858  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 5th  
year 1944 hour 5:55 minute P. **unc 42**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1944 to May 5, 1944  
that I last saw her alive on April 20, 1944  
and that death occurred on the date and hour stated above.

**8. AGE:**

| Years     | Months    | Days     | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>85</u> | <u>11</u> | <u>3</u> | _____ hr. _____ min. |

Immediate cause of death Hypertensive Cardis  
Vascular Renal disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation At Home

Major findings:  
Of operations \_\_\_\_\_ **131a**

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

11. Industry or business Housewife

12. Name Austin A. Beavin

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

14. Maiden name Harriet Mattingly

15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy Roberts

(b) Address 3501 College Street

17. (a) Removal (b) Date thereof 5-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cloverport, Kentucky

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? \_\_\_\_\_

18. (a) Signature of funeral director Melody-McGille

(b) Address Kansas City Missouri

19. (a) 5-6-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature G. A. Wheeler (M. D. unc)  
Address 1560 W. Poplar Date signed 5-6-44

Dr John H . Wheeler

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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.....

Licensed Embalmer No. 2999  
156

P. O. Address.....

**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.**