

FILED SEP 22 1944

Registration District No. **179**

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1307 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **28 Yrs.**
years, months or days)

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. **1307 Michigan**
(If rural, give location)
(e) Citizen of foreign country **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Matthew Beavers Sr.**

3. (b) If veteran, name war **no** 3. (c) Social Security **487-05-4311**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **mar**

6. (b) Name of husband or wife **Clemeta Beavers** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **Feb 24 1898**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	4	6	4	hr. min.

9. Birthplace **Doverville Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**
Sheffield Plant

11. Industry or business _____
MOTHER FATHER {
12. Name **Unk**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Martha Stephen**
15. Birthplace **Unk** (City, town, or county) (State or foreign country)
Clemeta Beavers

16. (a) Informant _____
(b) Address **1307 Michigan**

17. (a) **Burial** (b) Date thereof **9-1-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lincoln**

18. (a) Signature of funeral director **Wachen's Burial**
(b) Address **1329 Lydia**

19. (a) **9-1-44** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **28**
year **44** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **7-3-44** to **9-28-44**
that I last saw him alive on **8-27-44**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Disease
Myocarditis Chronic
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **97 d.**

Major findings:
Of operations _____
Of autopsy **None**

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?

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

23. Signature **N. E. Brown** (a) or other) _____
Address **1512 22 St** Date signed **9/1/44**

APR 11 1965

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.....

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.