V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33022
Registrar's No. 4020

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:
4906 East 37th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 5
(c) City or town Seligman 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John Chris Beaver
3. (b) If veteran, name war No
3. (c) Social Security No. 703-05-1411
4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lou A. Beaver
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov 13 1879
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	10	23	hr. min.

9. Birthplace Barry Co Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business Rail Road
FATHER
12. Name C. C. Beaver
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Tunnice Dunnaway
15. Birthplace No Record 0
(City, town, or county) (State or foreign country)
16. (a) Informant Lou A. Beaver
(b) Address Seligman Mo
17. (a) Removal (b) Date thereof Oct 7th 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cassville Mo
18. (a) Signature of funeral director Harlyn Roe
(b) Address 7406 Wornall Rd.
19. (a) Oct 7-1944 (b) T E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1944 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9-27-44
, 19 , to 10-6-44 , 19 ;
that I last saw him alive on 10-6-44 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory and Cardiac failure	
Due to Myocarditis	3 Years
Due to	
Other conditions Cancer colon. (Include pregnancy within 3 months of death)	1 Year

Major findings:
Of operations 46
Of autopsy

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 L. J. Penfield (M. D. or other)
Address 10-7-44 Date signed
4748 Prospect Rt Mo.

(Licensed Embalmer's Statement on Reverse Side)

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DEC 4 1944

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. Harlan Roe

Licensed Embalmer No. 2810

P. O. Address. Ft. C. Mo.

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.