

FILED DEC 4 1944
749

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4737

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 13 days
(Specify whether
In this community 15 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 616 Woodland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... (?)

3. (a) PRINT FULL NAME

Clyde Beck

3. (b) If veteran, name war no

3. (c) Social Security No. 496-06-1771

4. Sex Male 5. Color or race Wart 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Colores 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov - 9 - 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Grease man

11. Industry or business Jaco Co

12. Name Ed. Beck

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

14. Maiden name unknown

15. Birthplace 01
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Colores Beck

(b) Address 729 Troost K.C. Mo.

17. (a) Burial (b) Date thereof Nov 28 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. Hope K.C. Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address No 15 E 2nd

19. (a) 11-25-44 (b) T. E. Brown (U3)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1944 hour 2 minute 8 A.M.

21. I hereby certify that I attended the deceased from Oct. 12 1944 to Nov. 25 1944
that I last saw him alive on Nov. 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Scirrhus carcinoma Duration
Stomach with metastases and
peritonitis

Due to

Due to 465

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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? (a) Means of injury

23. Signature A. E. Baker (M. D. or other) MD.
Address Med. Dir. Gen'l Hosp. Date signed 11-25-44

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

MOTHER FATHER

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

Calvin J. Morten

Licensed Embalmer No. *4349*

P. O. Address *Wood Dale*

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.