

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE GENERAL REGISTRATION

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36611**

FILED DEC 4 1944

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **4723**

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:
7210 Highland Ave.
(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 **26 years**
years, months or days

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. **7210 Highland**
(If rural, give location)

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

3. (a) PRINT FULL NAME **James D. Beets**

3. (b) If veteran name war **no**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color of race **white**

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

6. (b) Name of husband or wife **Margaret**

6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **April 13 1853**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **23**
year **1944** hour **8** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Nov 12** to **Nov 23** 19**44**
that I last saw him alive on **Nov 22** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Memorial Hospital**

8. AGE:

Years	Months	Days	If less than one day
91	7	10	hr. min.

Due to **Security**

Due to

9. Birthplace **Harrisonville Missouri**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Retired**

11. Industry or business **Farm & Stockman**

Major findings: Of operations **108**

Of autopsy

12. Name **James D. Beets**

13. Birthplace **Dont Know** (State or foreign country)

14. Maiden name **Elizabeth Tuggle**

15. Birthplace **Dont Know** (State or foreign country)

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?

16. (a) Informant **Thomas W. Beets**

(b) Address **611 So. Fuller Ind. Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 25 1944**
(Month) (Day) (Year)

(c) Place; burial or cremation **Salem Cemetery - E of Ind. Mo**

While at work? (Specify type of place)

(c) Means of injury

23. Signature **W. C. Mitchell** (M. D. or other)

Address **1014 Argyle** Date signed **11-24-44**

18. (a) Signature of funeral director **W. C. Mitchell**

(b) Address **310 N. Main St. Independence Mo**

19. (a) **11-24-44** (Date received local registrar)

(b) **H. E. Brown** (Registrar's signature)

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andep. 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.