V. S. No. 2
00M—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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5069

FILED MAR 7 1945

Registration District No. 1

Primary Registration District No. 1002

Registrar's No. 868

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: 2416 Norton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 2 years (Specify whether 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. 2416 Norton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME George H. Bevard

3. (b) If veteran, name war no

3. (c) Social Security No. 509 05 4936

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife Sarah Bevard

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan 11th 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	1	8	____ hr. ____ min.

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

10. Usual occupation Steam Shovel Operator

11. Industry or business

FATHER
12. Name J.F.Bevard
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Farah Bevard

(b) Address 2416 Norton Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

(b) Address 1800 Linwood Blvd K.C.MO

19. 2-22-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/4/43, 19__, to 2/19/45, 19__; that I last saw h. alive on 2/16/45, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to Myocardial infarction	
Due to Edema	
Other conditions Dermatitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓ 94 a
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 D. E. Brown (M.D. or other)

Address 4 Jo C 2 [illegible] Date signed 2/20/45

(Licensed Embalmer's Statement on Reverse Side)

361

Dr Edmonds
4800 East 24th Street
Be 5949

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 Glen E. Peck

Licensed Embalmer No. 4063

P. O. Address 1800 Lenwood Blvd.

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.