

FILED MAR 24 1945

Registration District No.

Primary Registration District No.

1002-

Registrar's No.

1114

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks + 2 days
(Specify whether
In this community 2 wks. 2 days
years, months or days)

3. (a) PRINT FULL NAME Alfred Paul Beckman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race Wht 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased Feb 18 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Brazil, South America (City, town, or county) (State or foreign country)

10. Usual occupation Rail Road (Retired)

11. Industry or business Retired

12. Name J. Beckman
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Wells

(b) Address #8 North K.C. MO

17. (a) #4 North K.C. MO (b) Date thereof March 11-1945
(Burial, cremation, & removal) (Month) (Day) (Year)

(c) Place: burial or cremation #4 North K.C. MO

18. (c) Signature of funeral director Minton's Funeral Home

(b) Address 832 Ar. Mo. & Rd North K.C. MO

19. (a) 3-10-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clay 24
(c) City or town North Kansas City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. #8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1945 hour 5:00 minute 25 A.M.

21. I hereby certify that I attended the deceased from Fall 1944
to 3-7 1945
that I last saw him alive on 3-6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration

Due to
Due to 46
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of stomach 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 [Signature] (M. D. or other)
Address [Address] Date signed 3-9-45

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.....

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.