U. S. No. 2
OM—8-43
Rev. 5-17-39
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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. 19402

FILED JUN 29 1945

Registration District No. 7-9

Primary Registration District No. 1002

Registrar's No. 2496

18
3
8

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: Trinity Lutheran Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)

In this community 22 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 1907 E. 37th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Maxine Beatty

3. (b) If veteran, name war: No

3. (c) Social Security No. Unknown

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Roy M. Beatty

6. (c) Age of husband or wife if alive: 20 years

7. Birth date of deceased: February (Month) 24 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day.
21	3	18	hr. min.

9. Birthplace: Richmond (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Remington Arms Co.

MOTHER FATHER

12. Name: O. W. POE

13. Birthplace: RAY CO. (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name: GRACE HENRY

15. Birthplace: RAY CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Roy M. Beatty

(b) Address: Knoville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/12/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Knoville, Mo.

18. (a) Signature of funeral director: Brother Guest

(b) Address: Richmond, Mo.

19. (a) 6-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12th year 1945 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from May 22nd, 1945, to June 12, 1945; that I last saw her alive on June 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General septicemia	
Due to: Pelvic abscess	
Gonorrhea	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 25.2	
Major findings: Of operations: Abscess drained	
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: E. W. Slusher (M. D. or other)

Address: 900 Rialto Bldg. Kansas City, Mo. Date signed 6/12/45

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1946

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 Louis Guent

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.