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

ARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26344

FILED SEP 1 1945

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3608

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: 300 West Armour Blvd. K.C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 5 years

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.: 300 West Armour Blvd.
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME: Dr. CHARLES LEE BEECHING

3. (b) If veteran, name war: World War 1&2

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nell Beeching

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Sept. (Month) 22 nd, (Day) 1881 (Year)

8. AGE: Years 63 | Months 11 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace: Otisco (City, town, or county) Ken. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Naval Doctor

FATHER
12. Name: Lerry Beeching
13. Birthplace: Unknown (City, town, or county) Conn. (State or foreign country)

MOTHER
14. Maiden name: Lizzie Van Gordon
15. Birthplace: New York City (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant: Mrs. Nell Beeching

(b) Address: 300 West Armour, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Olathe Cemetery Olathe Kan.

18. (a) Signature of funeral director: Mellody & McGilley-Eylar

(b) Address: 1800 Linwood Blvd. K.C. Mo.

19. (a) 8-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 th year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from April, 1942 to August 24, 1945, that I last saw him alive on August 24, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	4 hours
Due to: Coronary Artery Sclerosis	3 years
Due to: Arterio sclerotic Cardio-Vascular Disease	4 years
Other conditions: Hypertrophic Arthritis (Include pregnancy within 3 months of death)	3 years

Major findings:
Of operations: 93 d
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: Philip R. Byers (M. D. or other) M.D.

Address: USNAS, Olathe, Kansas Date signed 8/30/45.

(Licensed Embalmer's Statement on Reverse Side)

[redacted]es.
Naval Base
Olathe Kan.

OCT 10 1945

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.