No. 2
—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1945

State File No. 32561

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4476

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

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: 2020 COLLEGE AVENUE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether In this community 3 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3 (If outside city or town limits, write "RURAL")

(d) Street No. 2020 COLLEGE AVENUE 8 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME MR VIRGIL THOMAS BEAM

3. (b) If veteran, name war NO

3. (c) Social Security No. 337-07-6223

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. LOUISE BEAM

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased SEPTEMBER (Month) 18 (Day) 1897 (Year)

8. AGE: Years 48 Months 1 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace RAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business GLOVERS CLEANERS SPECIALTIES INC

FATHER
12. Name THOMAS BEAM
13. Birthplace CARROLL COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name STELLA HAMER
15. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant MRS. LOUISE BEAM

(b) Address 2020 COLLEGE AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 1 1945 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director [illegible]

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 30TH year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 5th 1945 to OCT 30 1945 that I last saw him alive on OCT 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY THROMBOSIS	4 MO.
ACUTE MYOCARDITIS.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94

Major findings:
Of operations
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?

While at work? Means of injury

23. Signature John E. Cavanaugh M.D. or other

Address 1401 C-2 1400 Date signed

R. Crow

(Licensed Embalmer's Statement on Reverse Side)

Cur[illegible] Hospital 4911 East 2[illegible] Street
9:00-8:30

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 Elsear Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.