. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

FILED DEC 6 1945

State File No. 36071

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4770

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:
3334 Cleveland Kansas City, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 35 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. 3334 Cleveland 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Jemima Jane BECKLEY

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

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife John Campbell Beckley

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Jan. 18th, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	1	hr. min.

9. Birthplace Attica (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name William Hatton
13. Birthplace Unknown (City, town, or county) Ind. / (State or foreign country)

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

16. (a) Informant Mr. J.C. Beckley
(b) Address 3334 Cleveland, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope, K.C. Kan.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 11-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Coronary, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations

Of autopsy no
History & Inspection

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 [signature] (M. D. or other) Coron
Address 1424 [illegible] Date signed 11-21-45

(Licensed Embalmer's Statement on Reverse Side)

7 To Benton Blvd.
Be 6859

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 Elmo E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.