

FILED MAY 27 1946  
 Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City, Mo.  
 (c) Name of hospital or institution: Lakeside Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 In this community 64 Years  
 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Ulysses Othni Beck  
**3. (b) If veteran,** name war none  
**3. (c) Social Security No.** 496091904

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** deceased **6. (c) Age of husband or wife if alive** XX years  
**7. Birth date of deceased** January 26 1882  
 (Month) (Day) (Year)

**8. AGE:** Years 64 Months 3 Days 13  
 If less than one day hr. min.

**9. Birthplace** Madison Co. Arkansas  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Carpenter

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** Thomas J. Beck  
**13. Birthplace** Unknown Georgia  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Mansfield  
**15. Birthplace** Pittsfield Illinois  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Robert Beck  
**(b) Address** 3112 East 10th, Kansas City, Mo.

**17. (a) Burial** **(b) Date thereof** 5-13-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Wm. Washington

**(a) Signature of funeral director** Wm. Washington  
**(b) Address** Independence, Mo.

**19. (a) 5-13-46** **(b) Geraldine Holmes**  
 (Date received local Registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Holden, Missouri  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Holden, Missouri  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country none

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 9  
 year 1946 hour 11 minute 05 P. M.  
**21. I hereby certify that I attended the deceased from** 5  
5 1946 to 5-9-46 1946  
 that I last saw him alive on 5-9-46  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Unascertained  
Cancer  
 Due to  
 Due to  
 Other conditions 465  
 (Include pregnancy within 3 months of death)

Duration  
 ?  
**PHYSICIAN**

Major findings: Tumor of 1/2 of distal end of stomach, extends full of union + pancreas nodular  
Peptic & Scirrhous Carcinoma  
 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) of stomach  
 (b) Date of occurrence  
 (c) Where did injury occur?  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
**23. Signature** J. J. Graham (M. D. or other) DO  
**Address** 811 Chamber Bldg **Date signed** 5-13-46

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**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.....

*Floyd C. Carson*

Licensed Embalmer No.....

*4199*

P. O. Address.....

*Independence, 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.**