

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40454**

FILED JAN 13 1947

Registration District No. **177**Primary Registration District No. **1002**Registrar's No. **5461**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution:
Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 hrs.**
 In this community **30 years**
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Clifford S. BEAMER**

3. (b) If veteran, name war **no**
 3. (c) Social Security No. **495-09-0360**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Dorothy E. Beamer**
 6. (c) Age of husband or wife if alive **47** years
 7. Birth date of deceased **August 30 1888**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 28 hr. min.

9. Birthplace **Pontiac Illinois**
(City, town, or county) (State or foreign country)10. Usual occupation **Sheet Metal Worker**11. Industry or business **Johnson Mfg. Co.**

MOTHER FATHER { 12. Name **Samuel H. Beamer**
 13. Birthplace **Lexington, Kentucky**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah E. Wilkinson**
 15. Birthplace **Madison County, Kentucky**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothy E. Beamer**(b) Address **3014 Myrtle, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **12-31-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**18. (a) Signature of funeral director **Melody-McGilley-Eylar**(b) Address **Kansas City, Mo.**

19. (a) **12-30-46** (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 **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3014 Myrtle**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28**
 year **1946** hour **7** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **Aug 5,**
1946, to **Dec 28, 1946**;
 that I last saw him alive on **Dec 28, 1946**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **3 1/2 days**

Due to **-**Due to **-**

Other conditions **Bronchial asthma** **yes**
 (Include pregnancy within 3 months of death)

Major findings: **Not done**
 Of operations **Not done**
 Of autopsy **Not done**
 PHYSICIAN I **-**
 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 **William F. Sanders M.D.**
 Address **820 Professional Bldg.** Date signed _____
 (M. D.)

820 Prof. Bell

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 Glen E. Heck

Licensed Embalmer No. 4063

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.