

No. 2
-12-45
S-17-39
X47070

FILED APR 8 1947
Registration District No. **149**

Primary Registration District No. **1001**

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 hrs.
(Specify whether)

In this community 35 years
years, months or days

3. (a) PRINT FULL NAME Robert Beckett

3. (b) If veteran, name war no

3. (c) Social Security No. 496-07-8485

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ida May Beckett

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

7. Birth date of deceased August 9, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>17</u>	hr. : min.

9. Birthplace Pierce City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Sanford Mfg. Company

MOTHER FATHER { 12. Name I. A. Beckett

{ 13. Birthplace Pierce City, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Susan Milan

{ 15. Birthplace Carthage, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert W. Beckett

(b) Address 3335 Euclid, K.C., Mo.

17. (a) Burial (b) Date thereof 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Melody McGilley-Eylar
(b) Address Kansas City, Mo.

19. (a) 3-28-47 (b) Blaldine 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. 3335 Euclid
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 3 - 26, 1947, to 3 - 26, 1947.

that I last saw alive on 3-26, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis with myocardial infarction

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy See above

22. If death was due to external causes, fill in the following:

(c) 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? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-27-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. Keenan

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.