

No. 2
-12-45
5-17-39
X47070

FILED APR 8 1947
1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1381

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:
6008 East 31st Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
years, months or days) 4 years

3. (a) PRINT FULL NAME Daniel Edward BEVERSTEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 6, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4 76 17 hr. _____ min.

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

10. Usual occupation Child

11. Industry or business At home

12. Name Harry E. Beversten

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

14. Maiden name Anna Vivian Adom

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

16. (a) Informant Mr. Harry Beversten

(b) Address 6008 E. 31st St., K.C., Mo

17. (a) Burial (b) Date thereof 3-25-47
(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) 3-25-47 (b) Heraldine Holman
(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. 6008 East 31st Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 30 1946 to March 23 1947
that I last saw him alive on March 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma right kidney Duration Aug 30-46

Due to _____

Due to _____

Other conditions Generalized metastasis
(Include pregnancy within 3 months of death)

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? _____ (Specify type of place) (e) Means of injury 0

23. Signature Edward G. Samuelson (M. D. or other) M.D.

Address 2603 E. 31st K.C. Mo Date signed Mar 24-47

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

MOTHER FATHER

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..... *Blew 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.