

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED MAY 14 1947

Registration District No. **146**

Primary Registration District No. **5568**

Registrar's No. **125**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Courtney Missouri (Rural) Blue
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri River 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME FAYE BEATTY
3. (b) If veteran, None **3. (c) Social Security** None
name war No.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luther Beatty **6. (c) Age of husband or wife if alive** 47 years
7. Birth date of deceased. April 12 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation. House wife

11. Industry or business.
12. Name. Dachary George
13. Birthplace. Unknown Kansas
(City, town, or county) (State or foreign country)
14. Maiden name. Mattie Arthur
15. Birthplace. Unknown Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant. Luther C. Beatty
(b) Address. 1925 North 17 th, Kansas City, Kan.

17. (a) Removal 4-28-47 **(b) Date thereof.** 4-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Kansas City, Kansas

18. (a) Signature of funeral director. Geo Long
(b) Address. Kansas City, Kansas

19. (a) 4-29-47 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Wyandotte 999
 (c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
 (d) Street No. 1925 North 17 th. St. 0
(If rural, give local No.)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Unknown
 year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on _____ date and hour stated above.
 Immediate cause of death: Deputy Coroner
Drowning

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy: History of Inspection

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence unknown
 (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?
unknown
 While at work? No (Specify type of place)
 Signature: A. E. Usher (M. D. or D. O.)
 Address: 2800 Main Mo

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Lloyd 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.