S. No. 2
M—12-45
7. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38002
Registrar's No. 4828

Registration District No. 149 Primary Registration District No. 1002

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: 1726 Harrison St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1509 HARRISON ST.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —— 0

3. (a) PRINT FULL NAME HOMER BEAVER
3. (b) If veteran, name war No.
3. (c) Social Security No. 509-16-4583
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERTHA BEAVER
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased UNKNOWN (Month) — (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	—	—	hr. min.

9. Birthplace WARREN, ARK. (City, town, or county) (State or foreign country)
10. Usual occupation LABORER
11. Industry or business CONSTRUCTION WORK
MOTHER FATHER
12. Name SAM BEAVER
13. Birthplace WARREN, ARK. (City, town, or county) (State or foreign country)
14. Maiden name BETTIE BEAVER
15. Birthplace WARREN, ARK. (City, town, or county) (State or foreign country)
16. (a) Informant MRS. HAZEL JACKSON
(b) Address 510 EAGLE ST. BUFFALO, N.Y.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director C. E. Davis
(b) Address 1513 Forest Ave.
19. (a) 11-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8, year 47 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from Deputy Coroner 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Gun Shot Wound of Head
Due to
Other conditions (Include pregnancy within 3 months of death) 166
Major findings: Of operations
Of autopsy Same as above

Duration

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) Homicide
(b) Date of occurrence 11-8-47
(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1726 Harrison St. (Specify type of place)
While at work? (e) Means of injury Gun Shot
23. Signature J. Williams (M. D. or other)
Address 7636 Brookfield Date signed 11-19-47

(Licensed Embalmer's Statement on Reverse Side)

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. Lee Davis

Licensed Embalmer No. 4417

P. O. Address. 1513 Trent St

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.