

FILED JUL 22 1948

Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **2868**

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: **Research Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **few minutes**
 In this community **25 years**
 (Specify whether years, months or days)

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. **3310 East 21st Street**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Edward J. BEHR**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Elizabeth Behr** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **April 20, 1888**
 (Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **21** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Engineer**

11. Industry or business **Federal Bldg., K.C., Mo.**

MOTHER FATHER
 { 12. Name **Joseph Behr**
 { 13. Birthplace **Ohio**
 { 14. Maiden name **Mary Girard**
 { 15. Birthplace **Ohio**

16. (a) Informant **Mrs. Elizabeth Behr**

(b) Address **3310 E. 21st Street, K.C., Mo.**

17. (a) **Burial** (b) Date thereof **7-14-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **7-12-48** (b) **Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11** year **1948** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Feb 1** 19**48** to **July 11** 19**48**
 that I last saw him alive on **July 16** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **acute pulmonary edema**
 Due to **chronic myocarditis**
due to coronary insufficiency

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

Major findings: _____
 Of operations **950**

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) _____

(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**

Signature **Herbert White** (M. D. or other)

Address **1128 Professional Bldg.** Date signed **7/14/48**

WRITE PLAINLY—USE UNFADING INK

Dr. Valentine
Prof. B. B. G.

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 *Henry G. 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.