No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40015

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5301

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: 1024 E. 19th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
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")

(d) Street No. 1024 E. 19th Street 5
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John Wesley Beasley

3. (b) If veteran, name war No.

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Ollie Beasley

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February (Month) 6. (Day) 1894 (Year)

8. AGE: Years 54 | Months 10 | Days ~~22~~ 21 | If less than one day ..... hr. ..... min.

9. Birthplace Eldorado, (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Janitor

11. Industry or business 2456 Forest Ave.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Beasley
(b) Address 1024 E. 19th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West, Appleton & Jones
(b) Address 1905 Vine Street

19. (a) 12-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 15, 1948, to Dec 27, 1948
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to La Grippe

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 330

Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature L V Miller L. V. Miller (M. D. or other)

Address 1203 Pasco Date signed 12/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

L.V.

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 Napoleon Jordan, Registered Apprentice No. 267, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2710

P. O. Address [illegible]

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.